DEVON COUNTY COUNCIL.

(MEDICAL DEPARTMENT).

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1944.

Annual Report of the School Medical Officer, 1944

INTRODUCTION.

To the CHAIRMAN and MEMBERS of the DEVON COUNTY EDUCATION COMMITTEE.
Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the work of the School Medical Service in the County during 1944.

Following upon the developments and improvements in the Service which took place in 1943 and which were recorded in my last Annual Report, and while planning and stoking up for the new bound forward and re-organisation which will come during 1945 under the Education Act, 1944, the year 1944 has been one of quiet consolidation with only minor improvements to report and few great defects, among which, however, should be mentioned the hygiene of some of the school premises, in which conditions, bad before the war, have still deteriorated owing to the impossibility of getting the required work done.

The position as regards physical training and children's posture also remains unsatisfactory, as does the restricted working of the scheme for treating ear disease and preventing deafness (due to lack of hospital beds for the purpose), the low proportion of schools for which a safe Tuberculin Tested or Pasteurised Milk Supply is obtainable, and the difficulty in obtaining accommodation in Special Schools for all the handicapped children that need it.

On the other hand there has been a great extension of the benefits of school feeding with a reflected improvement, reported on all sides, to the apparent mental and physical well-being of the children. Arrangements have also been made to test the staffs of the larger school cooking centres periodically with a view to reducing to a minimum any risk of the carrier-spread of diseases of the typhoid and dysentery group.

Mention of *mental* well-being, however, leads to the observation that reports on the mental health of the children are often relegated to obscure corners of School Medical Officers' Annual Reports, and generally the mental health of the children has in the past had less attention paid to it than the physical condition. I therefore especially commend for attention the report and recommendations of the Acting County Psychiatrist. Indeed, so bound up with mental health is the whole matter of general education, that one is tempted to point out that " Education " is as much a part of " Health " in general and the School Medical Service in particular, as is Health an essential aid to Education.

I again take the opportunity of expressing my appreciation of the work of the professional and clerical staff, and more especially of that of Dr. Lishman, my Deputy, who chiefly has been responsible for the compilation of this report.

I have the honour to be,

Your obedient servant,

L. MEREDITH DAVIES.

ADMINISTRATION.

There have been no significant administrative changes during the year, following the re-organisation of the staff which took place in 1943.

STAFF.

The establishment of field (non-administrative) Officers remains as in 1943.

	No.	Apportionment to S.M.S.	Equivalent to Whole-Time.
Assistant County M.O.	11*	60%	6.6
County Oculists	2	100%	2
Dental Surgeons	14†	90%	12.6
Dental Attendants	15	90%	13.5
Health Visitor/School Nurses ...	34	50%	17
Educational Psychologist	½ time	100%	½
Psychiatric Social Worker‡	1	75%	0.75
Speech Therapists	3 part time	100%	3 part time

Details of the various changes of individuals, on the Medical and Dental staff, are not recorded this year, but the return of Dr. W. G. Hutton (County Oculist), Dr. E. D. Allen-Price (Joint M.O.H. and A.C.M.O.), to their appointments, after Military Service, is welcomed.

Miss L. M. Booker, Chief Health Visitor and non-Medical Supervisor of Midwives, who after 30 years of noble service, retired on Jan. 14th, 1945, has submitted her last report on the work of the School Nurses during 1944, from which I record the following extract :—

> "Several changes have occurred in the Health Visiting Staff during 1944. Miss Acton, who had been on the staff for about 20 years, retired in April ; she was succeeded by Miss Fiddes, who had previously helped in part of the Totnes area. Three others and Miss Sparkes, Miss E. Walters and Miss Sherren, also Mrs. Gibbens, were appointed during the year.
>
> "Two of the seconded L.C.C. Nursing Sisters, Misses Sloggett and Trask, who had been in Devon for three or four years with the evacuee children, have been recalled, both had given valuable help. Miss Lewis, a L.C.C. Nursing Sister, took Miss Sloggett's place. The unqualified Nursing Assistants are still giving particular attention to the hygiene in the most populated school areas. Also several are helping in the rural areas."

The year 1944 was marked by the retirement on 30th Sept. of Mr. James M. Raymont, after 30 years' service with the County. Mr. Raymont was the first Dental Officer appointed and had witnessed the growth of the dental scheme from one Dental Officer to the fifteen employed

*This is a "sum" total, which is made up partly of whole-time Officers, partly of half-time Officers who hold joint appointments, also acting as Medical Officer of Health for a Sanitary District, and partly of part-time (temporary) Medical Officers.

†Plus part of the time of the Senior County Dental Officer.

‡Post vacant throughout 1944 owing to inability to obtain a successor to Miss C. Munro.

during the year under review. Mr. Raymont was appointed Senior Dental Officer on 1st April, 1941, but throughout his many years of service it was he who had advised and guided the expansion and development of the scheme. By his resignation, the County has lost an extremely valuable officer, and one who, in spite of his 65 years, had lost little of his energy, or the enthusiasm and pioneering spirit which is usually associated with those of much younger years.

Mr. Raymont was succeeded on 1st October by Mr. J. Fletcher, L.D.S., R.C.S., Eng., who was for six years previous to his appointment, Senior Dental Officer to the Gloucestershire County Council. Prior to this he was for a short time Senior Dental Officer to the County Borough of Croydon, and was for 2½ years Dental Officer in the Tiverton area of this County.

GENERAL STATISTICS.

PRIMARY SCHOOLS.

Area of Administrative County during year, 1,635,657 acres.
Population of Administrative County during year (1931 Census), 388,282.
Value of 1d. rate on area, £10,274.
No. of permanent closures 6

	Nursery†	*Junior.*	*Senior.*	*Total.*
New Schools or Department Premises open	Nil	Separate figures not available for 1944.		Nil
No. of Elementary Schools—				
Council	,,	—	—	247
Non-Council	,,	—	—	213
Total ...	,,	—	—	460
No. of children on Register at Dec. 31st at end of year—				
(a) Devon (incl. Unoff. Evacs.) ...	Nil	—	—	36,040
(b) Official Evacuees	,,	—	—	12,258
Total ...	,,	—	—	48,298
Estimated Average Attendance ...	,,	—	—	43,000

†Not including "War-Time Nurseries" of which at the end of the year there were 4 whole-time day nurseries and 12 part-time day nurseries, operated by the Joint Nursery Committee of the Maternity and Child Welfare and Education Committees. A report on these nurseries will be found in the M. & C.W. section of my Annual Report of the County Medical Officer.

SECONDARY SCHOOLS.

Area of Administrative County during year, 1,660,948.
Population of Administrative County during year (1931 Census), 458,757.
Value of 1d. rate on area, £13.050

	Devon.	*Evacuee.*	*Total.*
No. of Secondary Schools—			
(a) Under Education Committee ...	22	4	26
(b) Not under Education Committee, but served by School Medical Service ...	—	—	—
(c) Other Secondary Schools (aided) ...	3	—	3
Total ...	25	4	29
No. of Secondary Schools closed during year ...	Nil	—	Nil
No. of Secondary Schools opened during year	Nil	—	Nil
No. of Secondary School Children ...	6,840	1,867	8,707

HYGIENE OF SCHOOL PREMISES.

As was the case last year, no detailed report is submitted for 1944. It is realised that the hygienic condition of many school premises at the outbreak of war was unsatisfactory, particularly as regards washing facilities and closet accommodation, and since little improvement work has been possible during the war, it is clear that conditions must by now have deteriorated further. The Assistant County Medical Officers in the course of their school inspection work, continue to report serious defects, but only in a few of the most urgent instances has action been possible. The powers of the Committee are severely restricted by the war-time ban of the Board of Education upon building or reconstruction work in connection with hygienic improvement unless it can be shown that the health of the scholars is liable to be seriously endangered. Such a ban leaves no scope for measures designed to improve existing standards of health and welfare in the children.

GOVERNMENT EVACUATION SCHEME.

During the first half of the year the trickle back of children to the evacuation areas continued, as in the latter half of 1943, but in midsummer there was a great return surge, in fact, a "third evacuation" of children from London and the S.E. Counties, following the onslaught of the flying bombs and later rocket bombs, so that by the end of the year there were again 12,258 Elementary School child evacuees in the County, whereas at the beginning there had been only 6,412.

Fortunately, many of the welfare arrangements, hostels, sick-bays, etc., and practically all the additional clinics, which had been set up for the first, and especially the second, evacuation, and then retained for the Devon children, were still in operation, while the general condition of the evacuees in this third wave was superior to that of the earlier evacuees. Consequently, the problems which occurred so continuously and gave so much trouble in connection with the first and second evacuations were conspicuously absent in 1944.

MEDICAL INSPECTION (General).

As stated in my comments on Administration, the normal procedure, including periodical medical examination of the children in all three pre-war prescribed age groups for Elementary

schoolchildren, was continued throughout 1944, following the short, unsatisfactory trial of curtailed inspection made in 1940. Because of the increased demands upon the time of the Medical and Nursing staff, caused by Nursery and other Maternity and Child Welfare work, diphtheria prophylaxis, distribution of infants' anti-gas respirators, etc., it has only just been possible to maintain the standard of work, indeed, in some areas of the County the frequency of "follow-up" examinations has had to be slightly reduced.

"ELEMENTARY" AND "SECONDARY" SCHOOLS.

Since the nature and range of School Medical Services provided for Primary and Secondary schoolchildren are now, with a few minor exceptions, identical in this County, it has been decided to rearrange the subject matter of this report, and not to separate into more or less watertight compartments the sections dealing with Elementary and Secondary schoolchildren as was practiced hitherto.

MEDICAL INSPECTION OF ELEMENTARY AND SECONDARY SCHOOLCHILDREN.

The number of Medical Examinations ("inspections") carried out during the year in the various categories is shown in Table 1A Primary and Secondary (Periodical Medical Inspection) and Table 1B Primary and Secondary (Special and "Follow-up" Inspections as distinct from the periodical ones).

The number of periodical examinations of children in prescribed age-groups shows a considerable drop in comparison with 1943. This is not due to there being less children to examine, for as already mentioned, the number of evacuees during the second part of the year was doubled. Throughout the County, however, the Clinical School Medical Officers have as "Assistant County Medical Officers" been spending a gradually increasing proportion of their time on maternity and child welfare work and in supervising the health of children attending war-time nurseries, a report concerning which will be found in my Annual Report of the County Medical Officer. In several of the Medical Officers' areas, however, there have been fairly long periods during which there has been no inspection carried out owing to the considerable difficulty of obtaining replacement staff after resignations. There is also an increasing thoroughness in the actual examination, so that less examinations now can be carried out in a given time. The total of 13,999 elementary and secondary school children fully examined in the age groups out of a total of 57,005 local and evacuee elementary and secondary school children is still a higher proportion than has been possible to examine in most other areas under present conditions. Nevertheless, the situation must not be regarded with complacency, for the *periodical* medical examination of the children is the foundation of the modern School Medical Service, with its positively constructive outlook, while the special examination of children suspected of defects, outside the periodical examinations, should be looked on in the nature of "running repairs."

As regards special examinations, the figures, which include examinations at school clinics as well as at schools, show a marked increase, 16,802, as against 12,662 last year, while the number of children examined for "follow-up" purposes (also including children examined at clinics), 24,106, was about 6,000 less than last year.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

(A) PERIODICAL ("ROUTINE") MEDICAL INSPECTIONS.

Primary Schools—			
Entrants			5,220
Intermediate Group			3,402
Third Age Group			3,189
			11,811

Secondary Schools—	*Male*	*Female*	*Both Sexes*
Entrants	414	326	740
12 years old group	445	296	741
15 years old group	348	261	609
Leavers over 15	47	51	98
Total	1,254	934	2,188

Primary and Secondary Schools—
Grand Total. Both Sexes. 13,999

(B) OTHER (NON-PERIODICAL) INSPECTIONS.

Special Inspections—		
Primary Schools		16,161
Secondary Schools		641
Total		16,802
Reinspections (Follow up)—		
Primary Schools		23,197
Secondary Schools		909
Total		24,106

NOTE.—These figures include "inspections" at School Clinics as well as those carried out at school.

INCIDENCE OF DEFECTIVENESS ASCERTAINED AT MEDICAL INSPECTION.

General Defectiveness.

In Table I(C) below is shown the percentage of children found at *periodical* medical examinations to require treatment, analysed in age groups :—

Children found to require treatment.

Number of individual children found at periodical ("Routine") medical examination to

require medical treatment for any condition except malnutrition (see separate Table, IIB), dental disorder, verminousness or dirtiness.

Primary Schools—	No.	% of those inspected.
Entrant Group	515	9.8
Intermediate Group	330	9.7
Third Age Group*	280	8.7
Total ...	1,125	9.5

Secondary Schools—	M.	F.	B.S.	M.	F.	B.S.
Entrant Group			88			11.8
12 year old Group* ...			60			8.09
15 year old Group ...			42			6.8
Leavers over 15			6			6.1
Total ...			196			8.9
Primary and Secondary Schools—						
Total ...			1,321			9.4

(Separate figures for the sexes not available for 1944)

The overall percentage of 9.4 is a little less than last year. As regards age incidence, it is interesting to note that the worst group is that of children on entry into secondary schools, with 11.8%. This differs from last year, when there was a progressive and even reduction through three elementary and four secondary school age groups from the first elementary school age group (11.2%) to the last secondary school group (4.1%).

The year will be the last when it is possible to compare groups of primary and secondary schoolchildren of similar age, for with reorganisation under the 1944 Act, the overlap of the third elementary with the 12 year old secondary group will cease. It will be noted that the incidence of general defectiveness during the year in those two groups is almost the same, in contrast to the position when a similar comparison is made as regards nutritional condition (see later).

No defects discovered at inspections other than " periodical " ones are included above; to do so would invalidate the percentages, since children submitted for special examination are selected children in which the existence of some defect is already suspected.

SPECIFIC DEFECTIVENESS.

In Table IIA (" Periodical " and " Special ") are shown the numbers of children found at Periodical and Special Medical Examinations to be suffering from particular *kinds* of defect, of function or organ, together with figures of incidence per 1,000 children examined. Those for the children seen at special examinations are of less interest, since the children are selected, and the figures are therefore only of value in comparing the incidence of the different kinds of defect in such selected children.

The incidence figures at periodical inspection are more interesting, in that they give a useful record of the changing ascertained incidence of a particular defect, such as bad hearing, from year to year among all the children, and changes in the *relative* incidence of one type of defect and that of another. .

*These two groups are comparable, consisting of children of roughly similar age.

This year, for the first time, figures for primary and secondary schoolchildren have all been included in the one table, but as the secondary school figures were not included in the same type of table last year annual comparisons are as yet only possible in the case of the elementary schoolchildren.

Among the many interesting points shown in this table, attention is perhaps more particularly drawn to the following :—

Defective Vision. In the elementary schools, the incidence of visual defect by Snellen's Test of sufficient seriousness to warrant "treatment," i.e. reference to the County Oculists, was higher than in 1943, 18.5 as compared with 14.4 per 1,000. As would be expected the incidence in *secondary* schools in 1944 was higher, 42.5 per 1,000. It should be noted that children with defective vision *already* satisfactorily treated are not included in the above, such children constitute a further 16 per 1,000 elementary and 9.1 per 1,000 secondary schoolchildren.

Defective Hearing, Ear Disease. As will be seen from Table IIA (periodical) two categories for each disorder are recorded, the first needing active "treatment," the second only "observation." The latter category includes those that have had treatment, those whom treatment has failed to improve, and those in which the defect is very slight. Last year per 1,000 children examined there were 11.5 with defective hearing needing "treatment" and only 0.2 needing "only observation." This year there is a marked change, the corresponding figures being 1.7 and 5.8. This probably indicates that many of the cases seen last year have now been treated, and some probably found to be incurable. Similarly, with otitis media, inflammation of the middle ear, the commonest serious ear disease found in schoolchildren, the figures for last year were 2 per 1,000 needing active treatment, and 0.1 needing only "observation." This year 1.4 per 1,000 were found needing treatment and 6.7 per 1,000 needing only "observation." The figures include all types of otitis media, subacute, acute and chronic, and most of the cases are of the "chronic" type. This is the condition for the effective treatment of which, as I have stated in previous reports, hospitalisation is usually necessary, especially for rural children who cannot attend a special ear clinic once or twice a day, the only alternative to in-patient treatment. Unfortunately, the shortage of hospital beds still prevents arrangements being made for the admission of all the cases of otitis media that require in-patient treatment.

Unhealthy Adenoids and Tonsils.

The following extract from Table IIA (Periodical) is interesting in that it shows the varying incidence of disease of these organs in the elementary and secondary schoolchildren at a glance.

INCIDENCE PER 1,000 CHILDREN AT PERIODICAL MEDICAL EXAMINATION.

	Requiring Surgical Treatment.			Not requiring immediate Surgical Treatment, but "Observation" pending general treatment of child.		
	Prim.	*Sec.*	*Total*	*Prim.*	*Sec.*	*Total*
Adenoids only	8.4	3.6	7.7	28.4	22.8	27.5
"Chr. Tonsillitis only"...	21.9	7.7	19.7	104.6	55.3	97.9
Both Adenoids & Tonsillitis	9.39	1.8	8.2	21.3	6.8	19.1

In considering these figures, it should be borne in mind that the incidence of enlarged *adenoids*, either alone or with unhealthy tonsils, referred for "treatment" is probably greatly

understated, because when tonsils are found unhealthy it is not always considered justifiable to examine the adenoids, since for complete examination this may require insertion of a finger into the post-nasal space. If the tonsils are recommended for operation, it is assumed, correctly, that the operating surgeon will examine the adenoids thoroughly while the patient is under the anaesthetic, and remove them if enlarged or diseased. Hence, many of the cases recorded under the heading " Chr. Tonsillitis only " probably had diseased adenoids also. In the younger age groups, diseased tonsils are almost invariably accompanied by pathological adenoids, but as the child ages, and especially after puberty, the adenoids tend to disappear.

When comparing the results of examination of the *elementary* school children in 1944 with 1943, the proportion of children in which it was thought necessary to recommend operative or other localised surgical treatment was considerably less this year, last year's figures for adenoids only being 18.5 and tonsils only 30.2 per 1,000. As regards the less seriously unhealthy organs not needing immediate local treatment, the " adenoids only " cases noted this year amounted in incidence to little more than half last year's figure (47 per 1,000), while the " tonsils only " figure was about the same. Figures for combined disease of adenoids and tonsils were not kept last year. Generally, therefore, the results of examination in 1944 suggest a slight improvement in the children's health. The condition of these organs, especially of the adenoids in *young* children, is quite a useful pointer to the state of health generally, personal hygiene, and the standard of housing (especially bedroom hygiene and freedom from overcrowding), in a community. Incidentally, the incidence of chronic otitis media is, perhaps, an even better index, though this is also clinically correlated with the incidence of unhealthy adenoids.

Enlarged Cervical Glands.

The incidence of non-tuberculous enlargement of the lymphatic glands in the neck in children is a reflection of the incidence of diseased tonsils. The following is the record since 1940 :—

		Needing Specific Treatment per 1,000 inspected.	Needing observation only pending other treatment (e.g. to tonsils) per 1,000 inspected.
1940	Elementary only	1.9	45.3
1941	" "	1.1	42.9
1942	" "	1.0	23.1
1943	" "	0.6	37.3

	Elem.	Sec.	*Total*	*Elem.*	Sec.	*Total*
1944	0.6	0.9	0.7	52.7	27.4	48.7

Tuberculosis (all forms).

The rise in the incidence of pulmonary tuberculosis in the population generally throughout the country, not excepting Devon, since the war might be expected to involve a rise in incidence among schoolchildren. Separate figures for *pulmonary* tuberculosis discovered at periodical medical examination are not available, but the figures for tuberculosis of all types (the majority of the cases in children are glandular), have so far shown no increase, indeed, there is a reduction since last year, only 6 cases requiring treatment and 29 requiring only " observation " (quiescent) or healed cases chiefly) being reported during the year.

It must be borne in mind, however, that some cases of suspected tuberculosis, especially

of the pulmonary type, may be diagnosed by the family doctors, or by the Medical Officer of the School Clinic, or at special examination, and referred direct to the Tuberculosis Officers, escaping the *periodical* examinations in school. Another 7 cases of tuberculosis (any form) needing treatment, and 1 case needing only "observation," were reported during the year among such special cases examined outside the "periodical" inspections.

With the present great shortage of sanatorium accommodation, however, it will be surprising if the incidence of tuberculosis in schoolchildren does not rise in the next few years, since cases of open tuberculosis, who should be removed to sanatoria or hospitals not only for their own sake, but to protect other members of their families, have to be left at home for long periods in an infectious state, with grave risk to the highly susceptible children in the household. Further reference to this problem is made later, in connection with the reports submitted by the Tuberculosis Officers and by the Medical Superintendent of Hawkmoor County Sanatorium.

Rheumatism and Heart Disease.

Only 1 case with active rheumatism or chorea needing treatment and 29 cases (quiescent) needing "observation" were discovered at periodical inspection, but 12 children (0.8 per 1,000) were found to be suffering from organic heart disease to an extent requiring medical treatment, with another 117 children (5.4 per 1000) not requiring medical treatment, but usually needing "special educational treatment." Although some of these children will owe their disability to congenital defects of the heart, most will be rheumatic in origin.

NUTRITIONAL CONDITION OF THE SCHOOL CHILDREN

The assessment of the nutritional condition of the elementary and secondary schoolchildren was made during 1944 in the same manner as in 1942 and 1943, that is, by thorough medical examination at the time of periodical medical inspection of the prescribed age groups. No special nutrition surveys were made, since, if these are to be conducted with sufficient care to be of a value they absorb nearly as much time as a full periodical examination. Even the assessments made at these full examinations, depending as they do very largely upon the child' sstate on the actual day of inspection, with insufficient background of history and knowledge of the actual economic, feeding, and other home and family conditions, are probably of questionable value, as I have suggested in previous annual reports. It is considered by many School Medical Officers that the figures are definitely misleading and dangerous. Indeed, it is understood that the clinical assessment of nutritional condition by School Medical Officers will probably be dropped as a requirement of the Ministry of Education in the near future.

In my Annual Report for 1943, a table was included which showed the varying percentage of children assessed as "malnourished" (Categories C and D) by each of the separate Assistant County Medical Officers. These percentages ranged widely on either side of the "average" (arithmetic mean) of the lot. Indeed, the statistical measure of this deviation, known as the "Standard Deviation," amounted to no less than 6.5%, which means that the actual "average" percentage—14.8% in 1943—of malnutrition was subject to sampling error to the extent of 6.5 on either side of 14.8, giving a range of 8.3% to 21.3% malnourished.

This investigation was sufficient to show the limited value of the "average" malnutrition percentage found among the school children, and has not been repeated for 1944.

The results of the assessment work during 1944, as shown in the table below and the comments thereon, must therefore be considered in the light of the shortcomings revealed in the 1943 analysis.

TABLE II (B).

Classification of the Clinical Assessment of the Nutritional Condition of Children examined at the Periodical (Age Group) Inspections during the year.

Age Group.	No. Inspected	A ("excellent")		B (Normal)		C (Slightly Subnormal)		D (Bad)		Total Malnourished (C. + D.)	
		No.	%	No.	%	No.	%	No.	%	No.	%
PRIMARY SCHOOLS.											
Entrants	5220	880	16.8	3604	69.04	723	13.8	13	.2	736	14.9
Intermediate Group ...	3402	512	15.04	2411	70.8	471	13.8	8	.2	479	14.07
Third Age Group ...	3189	601	18.8	2212	69.3	367	11.5	9	.2	376	11.7
Total ...	11811	1993	16.8	8227	69.6	1561	13.2	30	.2	1591	13.4
SECONDARY SCHOOLS.											
Entrants	740	111	15.0	496	67.02	132	17.8	1	.1	133	17.9
12 year old Group ...	741	136	18.3	519	70.04	86	11.6	—	—	86	11.6
15 year old Group ...	609	173	28.4	401	65.8	35	5.7	—	—	35	5.7
Leavers over 15	98	27	27.5	71	72.4	—	—	—	—	—	—
Total ...	2188	447	20.4	1487	67.9	253	11.5	1	.04	254	11.6
PRIMARY & SECONDARY SCHOOLS. Grand Total ...	13999	2440	17.4	9714	69.3	1814	12.9	31	.2	1845	13.1

Comments.

(1) General slight improvement among elementary (primary) schoolchildren, per cent, malnourished being 13.4 as compared with 14.3 last year and 14.5 in 1942.

(2) Great deterioration among secondary schoolchildren, 11.6% as against 6.7% malnourished last year and 8.1% in 1942. Per cent malnourished in 12 year old age group of elementary schoolchildren (11.7), practically identical with that (11.6) of similar age group among secondary schoolchildren; this being in marked contrast to the position in 1943 and 1942 when statistically significant differences in favour of the secondary schoolchildren were demonstrated.

(3) Among secondary schoolchildren there is a progressive lessening of malnutrition with increasing age, the same applying to a less marked extent among the elementary schoolchildren.

MEASURES FOR THE PROMOTION OF GOOD NUTRITION.

Of such measures, the two which are at present most important and effective for the school child are improvement in the child's feeding, in particular, the filling in of any gaps left in the home provision of essential foodstuffs, and ensuring that the child gets sufficient rest, especially sufficiently long sleep. Education of parents (and, through domestic subjects teaching of elder children, future parents also), plays a major part in promoting those measures; indeed, in the case of the latter, there is not much else that can be done, especially with the long, light evenings of double summer-time. But direct provision of food, through the school meals and milk schemes, is of supreme importance, especially at the present time, when strict rationing still applies and in most households there is still far too big an allocation of meat and cheese to the father who needs those "growth" foods less than do his growing children.

PROVISION OF MEALS.

The supply of mid-day meals during 1944 has shown a steady increase, and a number of new kitchens and dining centres have been opened. Schemes involving prefabricated huts have, unfortunately, been delayed by the difficulty of obtaining sanction to their erection by local planning authorities, and in consequence the increase has not been as great as had been planned.

In spite of this, central kitchens have been opened at Exminster, Exmouth, Kingsbridge and Paignton, and cooking depots at Barnstaple and Tavistock, while considerable expansions have been made in the supply of meals at many of the other canteens and kitchens dispatching meals.

Individual canteens have been opened at Beaford, Princetown and Sidbury, and a number of school dining centres have been opened on the school premises, thus obviating a walk by the children before obtaining a meal.

It has been found necessary to provide additional cooking equipment in many of the existing canteens to enable them to cater for 75% and in some cases 100% of their children. A number of existing dining centres have had hot cupboards installed for heating plates, thus avoiding a hot carried meal being served on a cold plate, and where possible, improvements have been made for the adequate heating and supply of water for washing up—an important point connected with the school meals service.

The following figures show the increase in comparison with 1943 :—

	1943	1944
Number of canteens and dining centres	228	381
Number of Elementary children taking mid-day meal daily—		
Devon	11,775	14,976
Evacuees	2,265	6,873
	14,040	21,849
Percentage of children taking meals	36.6%	48.1%
Number of Secondary children taking mid-day meal daily ...	3,524	4,255
Percentage of children taking meals	54%	52.62%

Meanwhile, the nutritional value of the meal has not been neglected. Routine visits have been made to ensure the maintenance of a high standard. A successful two-day Canteen Cooks

Conference, similar to those held in 1943, was held at Newton Abbot, when head teachers and canteen cooks from the surrounding areas attended. Talks were given on food values, balanced meals, etc., stress being made on the importance of using all the rations available for school meals, together with adequate supplies of green vegetables, salads, etc. It is hoped to continue these conferences in other parts of Devon during 1945.

MILK IN SCHOOL SCHEME.

Table 1.

	Elementary	*Secondary*
No. of children on books : Devon	36,176	... 8,762
Evacuees	14,978	—
	51,154	8,762
No. of children present on selected day	45,420	8,340
No. of children present on selected day taking milk ...	33,684 (including 7,753 free)	5,024
Percentage of children present and taking milk out of total present on day	71.46%	62.58%
Total number of schools (including evacuated units) ...	490	27
Percentage of schools with scheme in operation ...	92%	100%

Full Cream Dried Milk Scheme.

This is in operation in a number of schools where fresh liquid milk of approved quality is not available and is proving very popular among the children. A number of additional schools were brought into the scheme during the year.

Tuberculin Tested and Pasteurised Milks.

Every effort is made to secure a supply of one or other of these relatively safe grades of milk for school supplies, but as will be seen from the following analysis, only a minority of the schools have so far the advantage of a first-class liquid milk supply. Reconstituted dried milk is preferable to liquid milk of doubtful quality, especially for children.

Table 2.

	Schools not receiving Milk.		Schools receiving Milk.	
	No.	%	No.	%
Elementary—Urban and Rural ...	32	8	454	92
Secondary	—	—	29	100
All Schools	32	6.2	†483	93.8

†Including Evacuated Schools.

Table 3.* Types of Milk Supplied.

	T.T.		Pasteurised		Accredited		Non-Des.		Dried		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	
Elementary Schools—											
Rural	32	9.5	44	13.1	104	30.9	125	37.2	31	9.3	336
Urban	15	12.7	35	29.6	58	49.2	10	8.5	—	—	118
	47	10.4	79	17.4	162	35.7	135	29.7	31	6.8	454
Secondary Schools—											
Rural	—	—	—	—	2	100.0	—	—	—	—	2
Urban	5	18.5	12	44.5	9	33.3	1	3.7	—	—	27
	5	17.2	12	41.4	11-	37.9	1	3.5	—	—	29
All Schools	52	10.8	91	18.8	173	35.8	136	28.1	31	6.5	483

Veterinary Inspection of Herds.

Mr. A. Beynon, Divisional Inspector, Ministry of Agriculture and Fishery, has kindly supplied the following report on the work in connection with the Milk in Schools Scheme, which his department has undertaken by special arrangement with me :—

" During the year ending 31st December, 1944, 540 inspections of non-designated herds which supply milk to schools, were carried out, and a total of 6,559 cattle were seen.

" 18 cows were found to be suffering from mastitis and 2 cows were found affected with tuberculosis and were slaughtered under the Tuberculosis Order ; in none of these were any lesions found in the udder.

" According to the records, 142 non-designated herds were supplying " Milk in Schools " at the end of 1944.

VERMINOUSNESS.

Table II(C) outlines the results of the year's work carried out by the staff, chiefly by the School Nurses, aided in some of the more heavily populated areas by the unqualified " Nursing Assistants." During the year it has been possible at most of the schools to complete three full surveys, with follow up visits, of all children. But this could not have been done without the help of the 16 unqualified " Nursing Assistants," the appointment of which was approved in 1942 and who have worked successfully throughout 1943 and 1944.

When the Education Act, 1944, comes into operation next year, owing to the retrograde provisions of Section 54, additional staff will certainly be required if the present frequency of examination is to be maintained and the follow up work continued as effectively as the restrictions of Section 54 allow.

Table II(C) deals only with personal lousiness, and does not include any figures for children found to be merely dirty, badly clothed or shod, although the staff when making their surveys also examine for these matters. When the examinations are carried out by a full Health

*NOTE—These figures in Table 2 and 3 actually indicate the position in February, 1945, and do not quite tally with those in Table I, which indicates the position in December 1944.

Visitor / School Nurse as distinct from one of the unqualified assistants, further details are also looked into at these surveys, such as the correct wearing of spectacles, and the condition of the frames, eye occlusion pads, surgical boots, artificial limbs and other apparatus.

As regards lousiness, the records show that on first examination at the routine surveys 10.7% of the children in the elementary schools were found to be in some degree verminous. This being a little worse than last year (10.1%) but better than in 1942 (11.9%). Although in an adjacent County Borough over 16% of the elementary schoolchildren were similarly reported verminous, the Devon figure of 10.7% is still a source of dissatisfaction. Although the elimination of personal verminousness cannot be hoped for until housing and domestic hot water supplies have been sufficiently improved and overcrowding eliminated, lousiness could certainly be considerably reduced by greater parental care, and conscientiousness on the part of older children, especially girls. It is felt that more teachers might also play a bigger part to reduce this nuisance by guidance to pupils on personal hygiene, which to be effective must be as continuous, or as frequently repeated, as possible.

MENTAL HEALTH SERVICES IN THE SCHOOLS.

Report by Dr. Enid Sylvia Lendrum (late Davies), Acting County Psychiatrist.

The statutory ascertainment of subnormal and defective children continues, and with the appointment of the Educational Psychologist, who assists the County Psychiatrist in the preliminary assessment of intelligence, it has been possible to deal with a large part of the long waiting list. As is so often found, however, in this work, the effect of an extra worker is to stimulate interest and increase the number of referrals, so the actual numbers on the waiting list do not fall, though the turnover is greater.

There is still a need for increased psychiatric help as it is impossible for the one psychiatrist, who also has considerable duties in connection with adult mental deficiency, to deal with the whole County work among children.*

A number of two-day courses for teachers have been held in various parts of the County and were excellently attended and seemed to provide a striking stimulus to the teachers' interest in the diagnosis and treatment of the retarded child.

So far as is possible, the Educational Psychologist has endeavoured to organise retarded groups and classes in the larger schools, but under wartime conditions of large classes and few teachers, no marked progress can be made in this direction.

The problem of the retarded child in small rural schools is ever present and it does appear that the only satisfactory method of dealing with this problem, apart from the residential special school, is the increased training of the individual teachers in methods of grading, grouping and teaching of the children.

NUMBERS.

On a percentage calculation there are estimated to be about 1,100 educable defective children in the County. At present about half this number have been formally "ascertained," which is a comparatively high standard of ascertainment. The new Education Act will greatly increase the range of retarded children whom it will be a statutory duty to ascertain and provide for adequately in Schools. Provision for these children still lags a long way behind their discovery and diagnosis.

*The appointment of an additional County Psychiatrist, and a second Educational Psychologist, has since been approved by the County Council. (Sept., 1945).

SPECIAL SCHOOL.

Vacancies at the Courtenay Special School are still infrequent and children have sometimes to wait several years for admission and may miss their chance entirely by attaining 16 years while waiting. Plans for development of a new enlarged Special School separate from Starcross Institution are under detailed discussion.

The argument is sometimes advanced by teachers and others that they refrain from referring children for mental examination as " nothing is done " for them after they have been examined. I would like to emphasize, however, the value of ascertainment apart from special schooling as the subsequent following up and supervision which can be provided by the Voluntary Association is often of the greatest value in preventing social failures after the subnormal child has left school. It is not always understood moreover, that ascertainment is a statutory obligation of the local authority.

EVACUATED CHILDREN.

There have remained several thousand of these children in the County, often in need of special care and treatment out of proportion to their numbers, in view of the abnormal stresses of evacuation. In addition, there was a further influx of several thousand in July, 1944, from the London area.

The County arrangements have dealt adequately with these numbers and there are still about 25 local hostels dealing with minor behaviour difficulties and eneuresis, in addition to the four County Hostels which deal with more serious cases. The County Hostels are now :—

(1) Crownwell, Shaldon (girls and young boys) replacing Holne Cross, Ashburton, destroyed by fire, May, 1944.
(2) Alban Lodge, Paignton, opened October, 1944, for junior boys.
(3) Lympstone House, for older boys.
(4) Milton House, Newton Abbot, for retarded boys.

Lympstone House and Milton House are administered by the Education Department since teaching is provided on the premises and they are therefore residential schools. Crownwell and Alban Lodge are administered by the Medical Department.

As much as possible has been done in the way of social work and rehabilitation of the children and the majority have shown marked improvement of symptoms, but in view of the limitation of psychiatric staff it has not of course, been possible to arrange individual psychotherapy for all those requiring it.

CHILD GUIDANCE.

The existing facilities in the County are the same as last year.

(1) **The North Devon (Barnstaple) Centre** has been kept busy and at present it is just possible to deal with the volume of work in North Devon by means of this weekly whole day session.

40 Sessions have been held.
110 new cases have been seen.
140 Re-attendances were made.

The Centre is directed by the County Psychiatrist, the Educational Psychologist attending for testing and coaching. The Psychiatric Social Worker needed to complete the team is still

lacking. Owing to shortage of trained workers, the post is at present vacant.

(2) Exeter (Voluntary) Child Guidance Clinic. Seven cases have been referred to this clinic under the County Scheme.

(3) Child Guidance in South and West Devon. Facilities for Child Guidance treatment are still very deficient in the south and west of the county and it is hoped that a clinic will be set up in the Torbay area and another in the Plymouth region as soon as possible after the war.

In the meantime, large numbers of cases continue to be referred for diagnosis and advice. As much as possible is carried out in the way of Home Visiting treatment, in the absence of clinic facilities, which are indispensable for a certain proportion, say one quarter, of the problems referred. For the cases that are not in need of continued psychotherapy a considerable amount of ameliorative work can be carried out by means of modifications in the child's environment such as changes of school or home, advice to parents and attention to physical disorders.

NEED FOR HOSTEL ACCOMMODATION.

The war-time Psychiatric Hostel Scheme for maladjusted children, which was, in fact, initiated in Devon and emulated in Reception Areas over the whole country, has been a marked success, especially in such units as Holne Cross. Even before the war, the need was expressed for such arrangements and it is hoped that at least two units will be continued after the war as a permanent part of the County Scheme for maladjusted children. There are some children in the County who, for geographical reasons, can be given treatment only in a Residential Hostel, and others for whom a period of observation and rehabilitation under community conditions is the treatment of choice.

DELINQUENCY.

It is satisfactory that the practice of referring for psychiatric examination a child who appears before the Court is growing ; some Benches make frequent use of the available facilities and request a report to guide them in their treatment of the child. It has not been found that there is any tendency to refer children unnecessarily, and in any case it cannot be harmful for the Justices to be given the fullest possible information about a child to be dealt with, including his mental status ; providing always that the relative claims of society and the individual are borne in mind in making recommendations to the Court. Unfortunately, the facilities in Devon and elsewhere are not adequate at present for the recommendations made always to be implemented—for example, in the case of a child requiring an Approved School catering for retarded children, or a child requiring Child Guidance Clinic treatment. BUT there is an increasing awareness of the need for such developments and the Home Office are engaged in regrading many of the Approved Schools.

With regard to delinquency, there has been an increase during wartime years, but the curve is receding. The significance of—

(1) unhappy home life ;
(2) dull intelligence inadequately catered for in Schools ;
(3) lack of adequate leisure activities

is constantly being emphasised in the individual cases seen.

In addition to reports specially called for by the Court, all remanded girls are given psychiatric examination, also boys where it appears indicated, even after committal, and occasionally the Court is asked to amend its decision in the light of the findings on examination.

BOARDED OUT CHILDREN.

Under present arrangements the majority of the children boarded out under the Education Committee pass through the Remand Homes enroute for foster parents, and during their stay in the Home, are mentally and physically examined. At present, there are loopholes so that every child does not have this examination which is most desirable before placement, but steps are being taken to ensure that the facilities will extend to every boarded out school child, and to increase the supervision and follow-up work. Even at present, it would seem that the examination arrangements are in advance of those found in most areas of the country.

The Mental Health section is specially concerned in this work as a high proportion of these children by virtue of heredity or environment are found to be in the Subnormal or Maladjusted categories.

Here again the need is felt for adequate Hostel arrangements, as many of these children require a period of physical building up and habit training before they can be acceptable in foster homes. The arrangement at present, whereby the Remand Homes are used for this purpose, has some serious disadvantages.

SOCIAL WORK.

Social enquiry is an essential part of all psychiatric work and in a County such as Devon is often a time-consuming process.

(a) The psychiatrist personally makes enquiry in a number of the cases investigated during the course of home visiting.

(b) The Evacuation Social Worker deals with evacuated children in the East of the County and has assisted with some Devon cases in addition, though her services have been hardly available during 1944 owing to illness.

(c) The County Welfare Officers have also given much valuable assistance, especially with evacuated and boarded out children.

(d) The Health visitors in some instances, provide much information and are able to exercise supervision over suitable cases.

The appointment approved in October, 1943, of a whole-time Psychiatric Social Worker for Devon cases has not yet been filled owing to shortage of trained workers. At least, one such worker will be essential to the extension of the Child Guidance Service.

The Devon Voluntary Association for Mental Welfare undertakes the social work in cases of known and suspected mental deficiency, and carries out the functions of Statutory Supervision.

The Occupation Centres at Torquay and Barnstaple have continued through the year. These deal with children who have been certified as ineducable in ordinary or Special schools. Transport difficulties limit the area from which these centres can take children, and for some of those others who cannot reach the Centres home teaching is provided by two Visiting teachers.

The possibility of a third Centre being set up, at Paignton, is being considered.

The following is a brief statement of the work done by the Association in connection with mentally defective children of school age who have not been notified to the Mental Deficiency Committee and therefore remain within the scope of the School Health Service.

28 reports on individual cases have been sent to the County Medical Officer and the parents written consent to the admission of 2 children to the Courtenay Special School obtained.

36 visits have been paid by the Association's Officer, i.e. 21 to the homes, 11 to schools and 4 other visits and 6 children were seen in school.

2 boys and 5 girls have been under the supervision of the Home Teachers who have paid 109 visits during the year for the purpose of giving instruction and supervision.

One boy from Paignton attends the Occupation Centre at Torquay.

MENTAL DEFICIENCY AND EDUCATIONAL RETARDATION.

The number of cases of school age examined by the County Psychiatrist was :—

	New.			*Re-inspections.*		
	Devon.	*Official Evacuees.*	*Total.*	*Devon.*	*Official Evacuees.*	*Total.*
Educational Retardations ...	40	5	45	28	8	36
Feeblemindedness	29	5	34	35	5	40
Imbecility	11	2	13	3	—	3
Behaviour Abnormality ...	61	29	90	79	9	88
Epilepsy	10	1	11	7	1	8
Diagnosis not completed ...	8	1	9	9	—	9
Not Defective	13	2	15	3	—	3
Borderline	25	3	28	13	4	17
	197	48	245	177	27	204

The County Psychiatrist was consulted in 16 Devon cases, in which action was taken under the Children and Young Persons Act, 1933.

7 Devon cases were admitted to the Courtenay Special School.

36 Devon cases remained at the Courtenay Special School under Section 55 of the Education Act.

8 educable cases were notified to the Local Authority for the care of the Mentally Defective, as having attained the age of 16 years.

7 cases have been notified as ineducable to the Local Authority for the care of the Mentally Defective.

EXCEPTIONAL CHILDREN (Handicapped Pupils).

These children, to be known in future under the Education Act 1944, as "Handicapped" Pupils," are children who, owing to some degree of mental or physical disability, require some kind of special educational treatment, either by special methods or with special apparatus at an ordinary school, or at a day or residential special school for handicapped pupils.

The particulars regarding "Exceptional Children" during the year are summarised in Table III, Part A of which concerns children with Mental, and Part B children with Physical disability.

It will be noted that a substantial number of children are not, in fact, obtaining the education for which they are most suitable. This is principally due to the absence of any day special schools for County children and the reluctance of many parents to send their handicapped child away to a distant residential special school. With the extreme shortage of vacancies at such special schools it has been difficult enough to place children of willing parents, hence with a very few exceptions no pressure has been brought on refusing parents. This situation, tolerated under wartime conditions, cannot be allowed to continue much longer, and the Committee will have to consider making substantially increased provision for special education, and applying the increased powers under the 1944 Act, to ensure that all children requiring special educational treatment receive it.

The numbers of children in the various categories of mentally and physically defective children, analysed according to the type of education being received, are set out in Table III. Generally, the total number of such children in each category is slightly less than in previous years, partly due to the continuation of the sifting process begun in 1943, to exclude from the statistics all those children who, though " exceptional " in the clinical sense, were not so in the educational sense. This reduction is particularly marked in the case of " delicate " children, for which the numbers have been reduced from 427 in 1942 to 36 in 1943, and 50 in 1944. There is also a big *apparent* reduction in the number of mentally deficient children, but this is spurious and due to a number of mentally deficient children reaching the age of 16 and passing out of the care of the school medical service, together with a delay in the ascertainment of fresh children. At the end of the year there were over 200 children suspected of mental deficiency on the waiting list for examination by the County Psychiatrist, assisted by the Educational Psychologist, other urgent calls upon the time of the acting County Psychiatrist having prevented her from allowing the necessary time to assessment of the school cases. If assessment had been able to proceed at a normal rate there is no doubt that the figure of 106 educable mentally defective schoolchildren would have been much higher than last year's figure of 199.

In the case of Blind and Deaf children requiring special education, there is no significant change from last year. Among the handicapped pupils, these children are in the best position as regards education, for not only are there nearly enough vacancies in the appropriate special schools, but it is easier to obtain parental consent for residential school treatment in the case of blind and deaf children.

MEDICAL INSPECTION OF HANDICAPPED PUPILS IN SPECIAL SCHOOLS.

At the present time, there are no special schools for Handicapped Pupils maintained by the Education Committee, but arrangements were made for inspection by D.C.C. Staff of Devon children in the North Devon Special School and Convalescent Home, Lynton, also of children in certain evacuated Special Schools temporarily within the County, Follaton House, Totnes (London C.C. Mentally Defective children), Ryalls Court, Seaton (Approved School for Maladjusted Pupils), Lympstone House, Lympstone, for evacuated Maladjusted Pupils, and Milton House, Newton Abbot, for Educationally Subnormal evacuated children. During the year 97 " Periodical " inspections were carried out at such schools, 68 on boys and 39 on girls, 45 (33 boys and 12 girls) being found defective, presumably as regards conditions other than those which primarily render the children " handicapped." 51 children were also examined as " Specials " and 10 as " Re-examinations." Furthermore, 208 children were examined and 72 treated at the Beaufoy Technical Institute evacuated to Budleigh Salterton.

In addition to the arrangements with the above-mentioned schools, the County Oculist alone visited and examined children in one further Special School, Church Stile Approved School, Exminster, by request of the management and with the agreement of the Committee.

OAKLANDS PARK CHILDREN'S CONVALESCENT HOME, DAWLISH.

This Home, which is administered by the Public Health Committee, replaced Sydney House, Torrington, which was destroyed by fire on February 19, 1942, fulfills a very useful purpose, particularly in respect of physically disabled children who yet do not require long stay or permanent education in a Special School and are therefore not Handicapped Pupils within the

meaning of the Regulations. Actually, however, a number of genuine Handicapped Pupils have had to be admitted because there were no vacancies in certified Special Schools, or parents were unwilling to let their children go outside the County. It can accommodate 45 children, and the usual Convalescent Home treatment is provided amidst beautiful surroundings. In addition, although the Home is not a certified Special School, half-time education is provided for those longer stay children able to benefit, and in fact need it, from the viewpoint of psychological rehabilitation and occupation. Half the children normally attend classes in the morning, the other half in the afternoon, alternating with rest and play.

The following report is submitted by Dr. Eleanor Dawe, the Assistant County Medical Officer, who visits the Home at least once a week. I should like to draw the particular attention of the Committee to the case of Edward Tapper, in which the most remarkable progress was obtained towards restoration to health of an apparently hopeless case.

Report on Cases treated at Oaklands Park Open Air Home, Dawlish, during the year 1944-45.

There are 37 cases resident in Oaklands Park to date, of which there are

Bronchiectasis	2	Rheumatism	2
Asthma	7	Rickets	3
Tuberculosis Contacts ...	5	General Debility ...	17
Heart	1		

I find that the asthma cases do very well indeed with regular routine.

The cases of General Debility are usually quite fit after a stay of three months.

The majority of cases stay for three months and all benefit from the treatment received and are very happy.

Special Note on 4 cases :—

1. **Edward Tapper,** Liverton, Newton Abbot, who has been in Oaklands Park for thirteen months, was admitted from Brompton Hospital. He was suffering from severe bronchiectasis and was febrile when he arrived, being considered by the surgeon at Brompton as too ill for the operation of lobectomy. Whilst at Oaklands Park he has put on weight and has improved so much in general health that we hope when he returns to Brompton Hospital that the surgeon will consider the operation unnecessary.
2. **Tony Welsh,** Bishopsteignton, was a severe case of rickets. At one time, following pneumonia, he was unable to stand, but after a stay of six months in Oaklands Park, put on weight and was well and strong when discharged. When seen recently at Bishopsteignton School, the good start he had received was being maintained.
3. **Jean Trant,** Dawlish, a case of myocarditis following subacute rheumatism has been in Oaklands Park for a year. Although her heart is not better yet, she is gradually improving and her heart is steadying.
4. **Arthur Gilbert,** evacuated to Dawlish from Plymouth, a very severe case of asthma and now resident in Dawlish, has benefitted greatly from the training received in Oaklands Park. His foster-mother realises that the discipline and regular hours of sleep practised at Oaklands are necessary for Arthur's health.

PHYSICAL EDUCATION.

The following reports are submitted by the organisers of Physical Education for girls and boys respectively, Miss K. Hacker and Capt. H. P. Young. These reports hold out little hope of improvement in children's posture via physical education for a year or two until war-time scarcity of staff and equipment cease to apply. The organisers deserve every sympathy for the virtual abeyance of the valuable schemes of physical education which had been built up over a period of many years.

REPORT ON PHYSICAL EDUCATION (GIRLS) FOR THE YEAR 1944.

General.

The position with regard to the Physical Education on the girls side remains much the same as last year and the work has been very limited by the lack of facilities due to wartime conditions.

Staffing.

There has been a shortage of teachers qualified to take the work in a fully equipped gymnasium, and in some schools, of anyone suitable to take the work at all.

Two teachers went on the special three months Course at Homerton College, Cambridge, and returned to their respective schools (Torrington and Teignmouth) where they were able to take the physical training in the equipped gymnasia.

Training of Teachers.

During the year Teachers Classes were held as follows :—

Staff.	*Centre.*	*Course.*	*No. of Teachers.*
Miss Martin ...	Exeter, St, Luke's College	P.T. for women teachers	75 (incl. City teachers)
Miss Chetham ...	Bovey Tracey	do.	48
do. ...	Tavistock		41
Miss Lee ...	Ottery St. Mary		30

A one day's Training Course was taken by Mrs. Grant (Branch Organiser of the English Folk Dance Song Society) at Crediton Hayward's School in April and September, which was much appreciated.

A week's Residential Course in Physical Education was held at the Barnstaple Grammar Schools, August 12th—19th, with an attendance of 48 teachers.

Sleeping accommodation was arranged at Riversvale (the Girls' Boarding Hostel) and also on camp beds at the Grammar School. The catering was very good indeed, thanks to the whole-hearted co-operation of the kitchen staff at the Girls' Grammar School and at Riversvale, and this did much to make the Course the success it proved to be.

The Course was mainly intended for teachers in rural schools, who made the most of the opportunity of discussing their problems in the rural schools amongst themselves and with the staff.

Accommodation.

There has been some improvement since last year inasmuch as some schools have now the use of the local village hall for indoor accommodation, which is a very great help. The condition

of some of the playgrounds still presents a grave problem, as also do the lack of playing fields and the upkeep of those that are available.

Youth Service.

The Chief Woman Organiser and her Assistants visited some of the Youth Service Clubs to give help with the Physical Recreation and classes were arranged for girls and women under the Evening Institute in connection chiefly with Youth Service clubs in the following places :—

Axminster	Clawton	Great Torrington (2)
Barnstaple	Combe Martin	Honiton
Braunton	Copplestone	Kingsbridge
Bridgerule	Crediton (3)	Newton Abbot (3)
Brixham	Cullompton	Okehampton (3)
Broadclyst	Dawlish	Paignton
Chudleigh Knighton (2)	Exminster	South Molton (2)
Chulmleigh	Exmouth (2)	Totnes (2)

Miss E. Clarkson of the Central Council of Physical Recreation has been working in the County again this year in visiting some of the " Keep Fit " Classes and she also took a one-day Leaders' Training Course, assisted by Miss Wyness, at Audley Park Senior Girls' School, Torquay.

National Association of Training Corps for Girls.

The Chief Woman Organiser helped at the Headquarters Training Course in Company Drill at Newton Abbot, and also visited several G.T.C. Companies and Sections in the County during the year.

Devon Physical Education Association.

A one day's Course was held by the Ling Physical Education Association at the Maynard School, Exeter, on 6th May, at which the Devon Physical Education Association was formed. A further refresher course was held in Exeter in September. These one day Courses, run by the Devon Physical Education Association, are a valuable help to the many teachers in the County who are responsible for the physical training in the schools.

Secondary Schools.

There have been some changes in the staff of Physical Training mistresses and a re-distribution of part of the work.

The physical Training Scholarship for a three years' Course of training was awarded to four candidates this year, who began their training in September.

(Sgd.) KATHLEEN HACKER,
County Organiser of Physical Education.

REPORT ON PHYSICAL EDUCATION (BOYS) FOR THE YEAR 1944.

Shortage of properly trained staff still presents the chief difficulty, and there is little to report in the way of real progress for the year. The situation as regards the standard of work has not altered since my last report, but several changes have taken place, some good and some, unfortunately, not good.

Totnes Senior School lost the services of the Specialist Teacher, Mr. Downs (to H.M. Forces) but some assistance was arranged for by part-time use of the specialist from Dartington Hall Senior. The bulk of the work, however, is now done by class teachers with consequent less use of gymnastic apparatus. Highweek Senior has also lost the services of the Army Physical Training Instructor and is now dependent on a lady assistant. Okehampton suffered a set-back by the death of the Headmaster. However, towards the end of the year, things began to improve. The change of Headmasters at Kingsteignton Senior has given this school a first-class man and already a definite advance has been made. Since Easter, two handicrafts teachers have returned from Government work, who are also qualified in Physical Training, so that now Chulmleigh Senior and Okehampton Senior have each a specialist in charge. At Exmouth, a fully-trained man has been appointed and the gymnasium is now in full use.

In the secondary schools, two useful changes have taken place. Mr. Vickary has moved from Tiverton to Tavistock, and Mr. McDermott (fully qualified) has taken over at Tiverton. Teignmouth has now the full-time services of Mr. Jones.

Summary. Senior and All Standard Schools.

(a) *Position Good.*—Honiton, Dawlish, Teignmouth, Exmouth, Budleigh Salterton, Chulmleigh, Okehampton, Plympton, Ashburton, Hatherleigh.

(b) *Satisfactory*—(Class Masters in Charge).—Axminster, Bampton, Combe Martin, Holsworthy, Kingsbridge, Tavistock, Dartmouth, Princetown, Paignton, Sidmouth, South Brent, Witheridge, Chagford, Ottery St. Mary, Buckfastleigh.

(c) *Unsatisfactory*—(Staffing Difficulties).—Ilfracombe, Highweek, Bideford, Brixham, Cullompton, Modbury, Plymstock, Torrington, South Molton, Seaton.

In the other schools, I am satisfied that Headmasters are doing their best. There has to be much give and take, but on the whole, interest is being maintained, and full use is being made of all teachers who are at all capable of taking physical training lessons. Short supplies of plimsolls and small games kit still obtain, and in many places repairs to playground surfaces are much overdue. These have been, and will continue to be, reported during the coming year.

Playing Fields and Pitches.

There is no improvement to report, but now that the petrol situation has become easier it is hoped larger issues will be made. I feel, however, that the question of labour is a bigger one. This is a problem which will have to be faced if the provisions of the new Act are to be faithfully carried out.

Swimming.

The season was a fairly good one. All available facilities were used and the Committee helped matters greatly by employing trained Bath Superintendents to assist in the instruction. These Instructors were used at Exmouth, Newton Abbot and Okehampton.

From preliminary enquiries, it appears that there should be added facilities next season and it is hoped that several schools which were compelled to cease instruction will be able to re-start.

A. P. YOUNG,
Organizer of Physical Education.

SWIMMING.

COMBINED LIST OF CERTIFICATES AWARDED BY THE COUNTY ORGANISERS.

	BOYS			GIRLS		
	Beg.	Prof.	Star	Beg.	Prof.	Star
Ashburton Council School	13	1	—	—	—	—
Bideford Senior Council	32	9	—	6	—	—
Crediton High School	—	—	—	—	9	1
Crediton Queen Elizabeth's Grammar School for Boys	40	27	14	—	—	—
Dawlish Senior Council	—	—	—	15	2	—
Exmouth Senior Girls	—	—	—	34	7	4
Exmouth Withycombe Raleigh J.	2	—	—	4	—	—
Moretonhampstead Junior Class	—	—	—	6	—	1
Newton Abbot Grammar School	36	18	9	20	20	1
Newton Abbot Highweek Senior G.	—	—	—	30	13	3
Newton Abbot Highweek Junior	—	—	—	2	—	—
Newton Abbot Wolborough Junior C.	3	—	—	4	—	—
Newton Abbot Wolborough Junior Ch.	2	—	—	5	—	—
Newton Abbot Southwark Central G.	—	—	—	15	4	2
Newton Abbot Southwark Central B.	5	4	4	—	—	—
Tavistock Grammar School	—	—	—	—	2	1
Tavistock Senior Church	13	5	3	10	4	2
Teignmouth Senior School	19	4	4	—	—	—
Totals ...	165	68	34	151	61	15

Summary.

Beginners ...	...	Boys	165	Girls	151
Proficiency ...	...	Boys	68	Girls	61
Star Proficiency	...	Boys	34	Girls	15

TREATMENT SERVICES.

(A) TREATMENT CARRIED OUT AT SCHOOL CLINICS. Minor Ailments.

Treatment of Minor Ailments continued as usual during the year, most of the work being carried out at School Clinics, though occasionally a child is treated in school by the school nurse. The number of Clinics and the number of sessions per month or week at various Clinics fluctuated slightly throughout the year, 44 Clinics operating at the beginning of the year and 59 at the end including a few small rural clinics run by a Health Visitor School Nurse without a Medical Officer and short (half hour) clinic sessions held at a Maternity and Child Welfare Centre before the main session. It should be noted that these do not include the clinics in Barnstaple, Tiverton and Torquay, which will be included however next year.

Table IV, Group 1, indicates the year's work on the treatment of these ailments, which are often " minor " in a technical sense only, according to a very elastic definition. For instance, chronic otitis media, with running ears, is included as a so-called " minor ailment," treated at the clinics.

The table for 1944 includes for the first time figures for the treatment of defects in secondary school children, but the number of these is so far small and does not account for the increase of work from 20,472 defects treated under the Committee's Scheme in 1943 to 23,161 in 1944. The increase is due to more cases of eye disease, ear disease, and " miscellaneous conditions " (including minor injuries). Skin diseases treated were much the same as last year, except scabies, where there was a marked reduction (781 cases against 1,029 last year). No doubt the re-reception of many evacuees in the summer of 1944 helped to swell the treatment figures.

(B) OPHTHALMIC TREATMENT (for Defective Vision and Squint).

Treatment carried out under the Ophthalmic Scheme is indicated in Table IV, Group 2. More defects were dealt with in 1944 than in 1943, but the number of pairs of spectacles that had to be prescribed was less. A satisfactory feature is that a much higher proportion (86%) of those prescribed were actually obtained than during 1944 (67.5%).

Towards the end of the year the Committee approved the appointment of an (unqualified) assistant or attendant for each of the two County Oculists, who will assist in the clerical work, marshalling of the children, erecting and dismantling the portable dark tent and other apparatus and after a little training carry out minor adjustments to frames, insert eye drops, apply occlusion pads, etc. The provision of these helpers will greatly economise the valuable time of the oculists and enable it to be used to the best advantage. It may possibly also enable the oculists to undertake the heavy additional work which will arise when the County School Medical Service is extended (as is anticipated) to the children in the Part III Education Areas of Barnstaple and Torquay, without further additional staff. The County Ophthalmic staff have already, during the last few months of 1944, undertaken the eye work for the children in the Tiverton Part III Authority Area, at the request of the Tiverton Education Committee. The Ophthalmic Attendants will not take up their duties until early 1945.

Annual Reports from the two County Oculists have been submitted as follows :—

Dr. Margaret Lempriere Foxwell (Eastern Area), writes :—

The year's work has been chiefly characterised by the return to me of the North Devon centres, which were temporarily attended by Dr. Halstead, so that the area under my care, with the exception of a few places between Bideford and Hartland, once more reverts to that held in 1939/40.

A survey of the figures for the two years, therefore, makes rather interesting reading, for the total number of cases seen in 1943 was—

	Elementary	4660	Secondary	724
and in 1944,	Elementary	4584	Secondary	786

so that the 76 more Elementary children seen in 1943 are counterbalanced by the 62 more Secondary children seen in 1944, making a difference in the total number of only 14 less in the latter year.

The interesting point, however, is that whereas in 1943, 356 centres were visited, 527 received visits in 1944, a difference of 171. This shows that the ophthalmic defects are now spaced out over a very much wider area, there being fewer cases in each individual centre for examination, while the number of clinics and therefore the consequent mileage and travelling time required has markedly increased. This was the obvious result of de-evacuation—to coin a word—though it is not absolutely true, for instance with the most recent big evacuation in July and August last,

the balance was upset, for proportionally far more of the children were sent to the larger areas, especially in South Devon, thus increasing the already large numbers of Devon cases, while comparatively few were sent to the isolated rural areas, where the local cases of eye defects were also few. From an administrative point of view, it is not very satisfactory, for ophthalmic examinations, unlike ordinary medical ones, take almost as long to carry out for one child as for half-a-dozen, involving the same travelling distances, the complete preparation and erection of apparatus, and the interval of waiting for the action of the mydriatic, but by utilising the dinner hour for this, it is fortunately possible to visit three such small centres in one day.

The whole area has now been completely visited, all new and old referred and other cases seen and dealt with, and a complete register compiled with necessary records.

It has been a matter of considerable regret that Miss Exner, the late able orthoptist at the West of England Eye Infirmary, was obliged, for family reasons, to resign her post last Autumn. She has given much conscientious thought, time and hard work to all the squint cases referred by D.C.C., with many successful results, besides being always a most co-operative and helpful colleague.

It might be of interest to note in passing the complete change of attitude to the ophthalmic service which is now apparent throughout the area. Instead of the suspicion and often real antagonism which prevailed 6—7 years ago, the general atmosphere is much more of welcome and confidence, in fact, it is now a rare experience to visit a centre where there are not several extra cases, with requests from parents and/or teachers for examination, and rarer still to receive a definite refusal.

I would like to take this opportunity of again expressing my sincere thanks and appreciation to all the Head Teachers for their unfailing courtesy and help, often under very trying circumstances, and to the highly efficient health visitors throughout my area, for their keen interest and co-operation in work which must of necessity be a comparative ' side-line ' to their general routine.

Dr. W. G. Hutton (Western Area), writes :—

Conditions have not returned to normal as rapidly as anticipated in my last report. 1944 saw a further evacuation from London and only slow return of evacuees to Plymouth and Bristol (many having no homes to go to).

The work of post-war reconstruction has been continued. Fixed Visits have now been arranged in 13 towns in South Devon without cost to the county, Head Teachers kindly providing accommodation where no school clinics were available. Visits during the second half of each term have been promised to more smaller towns (including Appledore, Hartland, Chagford, Bovey, Ashburton, Buckfastleigh and Salcombe). Fixed visits have proved useful for the treatment of pre-school children and cases arising between routine visits to schools, as well as for the purpose originally intended (as a fixed point to which difficulties or complaints could be directed). A simple scheme for notification of cases referred direct to fixed clinics has been arranged. Head Teachers reference books have been continued and their equivalent started in smaller schools.

Records of cases in each school have been kept, so that queries could be promptly answered, statistics given or lost eye cards duplicated and old cases followed up as required.

Glasses. The contracting opticians to the County have offered to carry out minor repairs and adjustments to glasses at the reduced prices allowed under the County scheme, at any of

their many branches in the County area, thus increasing the speed of repairs and decreasing the work involved in sending these repairs up to Exeter. Attempts were made early in the year to obtain priority in the supply of lenses in the case of certain children. Though this was unsuccessful, the delay in obtaining new glasses has decreased from about 8 weeks at the beginning of the year to about 5 weeks now, and this should be further reduced by about 1 to 2 weeks when quotations for glasses.can be written out at visits by the new ophthalmic attendants.

ORTHOPTICS.

The arrangements at Newton Abbot are still in abeyance, since it has not yet been possible to replace the part-time orthoptist who used to serve the Devon, also Torquay, Education Committees.

The orthoptic departments of the West of England Eye Infirmary, Exeter, and the Plymouth Eye Infirmary have provided treatment for Devon school children referred by the County Oculists.

At Exeter, 35 children received operative treatment and 14 cases were still under treatment at the end of the year. Owing to a change of orthoptist at the Infirmary it has not been possible to obtain more detailed statistics for 1944.

ORTHOPTIC CASES TREATED AT PLYMOUTH EYE INFIRMARY.

Elementary and Secondary Schools. Year ended 31/12/44.

	New	*Old*	*Total*
Cases seen	1	3	4
Cases on treatment at end of the year	1	—	—
Cases cured	1	—	—
Cases discharged with cosmetic result only	—	—	—
Received operative treatment	—	—	—
Awaiting operative treatment	—	—	—
Discharged (as failures or on account of bad attendance or refusal to accept treatment	2	—	—
Left district	—	—	—
On waiting list	—	—	—
Total attendances	73	—	—

(C) DEAFNESS AND EAR, NOSE AND THROAT CONDITIONS.

1. "Adenoids and Tonsils."

Many cases of diseased adenoids and/or tonsils are, of course, treated by methods other than operation. It is also certain that disease of those organs is often merely a symptom or

effect of some underlying cause, such as overcrowded or ill ventilated sleeping accommodation, lack of training in the use of the handkerchief and in personal hygiene generally, or malnutrition. Assistant Medical Officers have been urged in recent years not to recommend operative treatment without giving due consideration to factors such as these, and usually an adequate period of observation while general treatment is tried is insisted upon before operation is advised. In 1944, 843 cases were operated on, either for adenoids, tonsils or both, as compared with 1,150 in 1943, and 1,338 in 1942, a progressive reduction which must be regarded with satisfaction. The analysed figures are shown in Table IV, Group 3 (A).

2. "Extended Scheme for the Prevention of Deafness."

This scheme, inaugurated early last year and operating as from April, 1944, has proved of value, although its scope has been so far limited by the shortage of hospital beds for these comparatively long stay cases. Nevertheless, it proved necessary to increase the annual estimate for this scheme by £350 to cover the last few months of the financial year.

During the year, three cases received in-patient conservative treatment under the scheme and twelve cases received operative treatment, ten of these undergoing mastoid operations. Details are shown in Table IV, Group 3 (B).

It is hoped that when casualties make less demand upon hospital beds this scheme will be greatly extended, for there is no question that the majority of cases of *chronic* middle ear disease are much more likely to be cured if they can be admitted as in-patients for intensive conservative, or if that fails, operative, treatment instead of relying upon occasional visits to the out-patient department or school clinic with intermediate home treatment.

(D) SPEECH THERAPY.

During 1944, the speech therapy scheme, which began in 1941 with one weekly session in one centre and has gradually grown since that time, was extended by the opening of two additional clinics, one at Paignton in January, the other at Bideford in June. The Clinics at Exeter, Newton Abbot and Paignton are conducted by Miss J. Whitaker, those at Plymouth and Oreston by Mrs. T. G. Meade, and at Barnstaple and Bideford by Miss C. Taylor.

In their comments on the working of the scheme during 1944, the Speech Therapists draw attention to the following points, while the two tables which follow show that the number of cases dealt with has substantially increased.

Miss Whitaker reports that 8 of the new cases referred to her and for whom appointments were made failed to turn up. She also points out that the children treated during the year included 10 from secondary schools, 9 of which were stammer cases.

Mrs. Meade mentions that the Plymstock—Oreston area is far in advance of the area served by the Plymouth Clinic in referring cases for speech treatment. The Plymouth Clinic is only used to a fraction of its full capacity.

In Miss Taylor's North Devon Clinics, work has increased to such an extent during the year that it may be advisable to open a third clinic, at Ilfracombe, during 1945.

In the County as a whole, 130 new cases of speech defect were referred for treatment by the Assistant County Medical Officers (to whom, of course, many of the cases had previously been reported by teachers). Bearing in mind that the influx of new cases in 1944 was much greater than in 1943 (72) and that speech therapy is slow, most cases requiring many months of treatment, the number of cases discharged as cured, (37) during the year is satisfactory. It is to be deplored, however, that 21 cases ceased to attend the clinics before treatment was completed, but doubtless transport difficulties were partly responsible.

(I) RECORD OF WORK DONE AND RESULTS.

	WHOLE COUNTY	CENTRAL AREA.				WESTERN AREA.			NORTHERN AREA.		Total.
		Exeter	Newton	Paignton	Total	Plymouth	Oreston	Total	Barnstaple (opened Sept.)	Bideford (opened Jan. 31)	
1. Cases in attendance at beginning of year	55	20	19	—	39	1	8	9	7	—	7
2. New cases admitted during year ...	130	40	22	10	72	1	12	13	23	22	45
3. Transfers from other clinics from											
(a) Within S. Therapists area ...	16	1	—	13	14	—	—	—	—	2	2
(b) Within County, outside area ...	—	—	—	—	—	—	—	—	—	—	—
(c) Outside County	—	—	—	—	—	—	—	—	—	—	—
4. *Sum of 1, 2 and 3(c)	186	60	41	10	111	2	21	23	30	22	52
5. Cases showing marked improvement but not discharged	39	7	4	6	17	1	5	6	8	8	16
6. Cases temporarily discharged before cure, to resume treatment later ...	15	10	1	3	14	—	1	1	—	—	—
7. (a) Cases discharged cured during year—											
1. Established cure (12 months since provisional cure) ...	1	—	—	—	—	—	1	1	—	—	—
2. Provisional cure	36	16	5	8	29	—	4	4	3	—	3
(b) Cases discharged as unsuitable for speech therapy (Mental Deficiency, etc.) ...	9	—	—	—	—	—	—	—	2	7	9
8. Cases ceasing attendance before cure or discharge	21	9	5	—	14	1	—	1	5	1	6
9. Transfers to other Clinics to—											
(a) Within S. Therapists area ...	16	—	14	—	14	—	—	—	2	—	2
(b) Within County, outside area ...	—	—	—	—	—	—	—	—	—	—	—
(c) Outside County	—	—	—	—	—	—	—	—	—	—	—
10. Cases still in attendance at end of year	103	26	16	12	54	1	14	15	18	16	34
11. Total effluent (Sum of 6, 7, 8 and 9(c) ...	83	35	11	11	57	1	7	8	10	8	18
12. *Sum of 10 and 11	186	61	27	23	111	2	21	23	28	24	52
13. Total No. of Attendances ..	2282	599	368	370	1338	46	258	304	299	341	640

(II) SPEECH DEFECTS—CLINICAL ANALYSIS.

No. of Children suffering from	WHOLE COUNTY	CENTRAL AREA				WESTERN AREA			NORTHERN AREA		
		Exeter	Newton	Paignton	Total	Plymouth	Oreston	Total	Barnsta	Bideford	Total
(A) Physiological or Psychological Defects—(1) Stammer	58	21	12	12	45	1	7	8	5	—	5
(2) Other	1	1	—	—	1	—	—	—	—	—	—
(B) Voice Defects—											
(1) Aphonia (complete or intermittent *total* loss of voice)	—	—	—	—	—	—	—	—	—	—	—
(2) Dysphonia (complete or intermittent *partial* loss of voice) ...	—	—	—	—	—	—	—	—	—	—	—
(3) Other	1	—	—	—	—	—	1	1	—	—	—
(C) Defects of Articulation—											
(1) Dyslalia (defective sounding of consonants) :											
(a) Lalling	24	8	5	4	17	1	6	7	—	—	—
(b) Lisp	20	12	—	3	15	—	5	5	—	—	—
(c) Other	4	2	—	—	2	—	2	2	—	—	—
(2) Rhinolalia (Nasal or Anasal Speech) :											
(a) Open type (cleft palate, etc.)	10	6	3	—	9	—	—	—	1	—	1
(b) Closed type (nasal obstruction)	3	1	1	1	3	—	—	—	—	—	—
(3) Cluttering (hurried, jumbled speech)	—	—	—	—	—	—	—	—	—	—	—
(4) Dysathria (neuromuscular incoordination)	1	—	—	—	—	—	—	—	1	—	1
(5) Other	1	—	—	—	—	—	—	—	1	—	1
(D) Language Defects—											
(1) Idioglossia (child has special language)	8	6	1	1	8	—	—	—	—	—	—
(2) Delayed speech not due to mental deficiency	6	2	3	1	6	—	—	—	—	—	—
(3) Other	—	—	—	—	—	—	—	—	—	—	—

(II) SPEECH DEFECTS—CLINICAL ANALYSIS—*continued.*

No. of Children suffering from	WHOLE COUNTY	CENTRAL AREA				WESTERN AREA			NORTHERN AREA		
		Exeter	Newton	Paignton	Total	Plymouth	Oreston	Total	Barnstaple	Bideford	Total
(E) Aphasia—											
(1) Congenital 'word deafness' ...	—	—	—	—	—	—	—	—	—	—	—
(2) Congenital 'word blindness' ...	—	—	—	—	—	—	—	—	—	—	—
(3) Other	—	—	—	—	—	—	—	—	—	—	—
(F) Defects due to abnormality of Special Senses—											
(1) Due to deafness	—	—	—	—	—	—	—	—	—	—	—
(2) Due to blindness	—	—	—	—	—	—	—	—	—	—	—
(3) Other	—	—	—	—	—	—	—	—	—	—	—
(G) Probable Mental Deficiency ...	2	—	1	—	1	—	—	—	1	—	1
(H) Multiple Types of Defect ...	4	2	—	1	3	—	1	1	—	—	—
(I) Total	143	61	27	23	111	2	21	23	9	—	9

(E) ORTHOPAEDIC TREATMENT.

The remarks made in my report for 1943 concerning malposture among the schoolchildren still apply. No doubt the temporary stultification of the Physical Training in Schools scheme must carry some measure of responsibility for the unsatisfactory position. Depletion of orthopaedic staff and overcrowding of the orthopaedic clinics, which also deal with Service and Ministry of Pensions cases for which the Emergency Medical Services are responsible, have necessitated curtailment of the free referral of children suffering from postural and minor orthopaedic defects to the Orthopaedic Surgeons. In an attempt to overcome this difficulty, with the kind co-operation of Mr. Norman Capener and the staff of the Princess Elizabeth Orthopaedic Hospital, a special course of Remedial Exercises for Health Visitors, lasting one week, was held at the Orthopaedic Hospital in September and at which the Committee arranged for 20 of the Health Visitor School Nurses to attend. These Officers all felt that the course was of very great value, and several of them have subsequently inaugurated regular remedial exercise sessions at their School clinics. But, unfortunately, the Health Visitors themselves are so fully occupied that they have not had the time to establish these sessions in every area, nor are the clinic rooms always suitable.

INFECTIOUS DISEASES.

Schools. No particularly noteworthy outbreaks of infectious disease occurred in elementary or secondary schools throughout the year. There were the usual seasonal outbreaks of whooping cough and measles, and some fairly heavy mumps outbreaks. Very few schools were closed on account of infectious disease, 3 for measles and 1 for diphtheria, for short periods only.

Diphtheria Prophylaxis. Throughout the year Assistant County Medical Officers assisted District Medical Officers of Health in their diphtheria immunisation campaigns, but towards the end of the year the amount of time given to this work in certain areas began to interfere with the regular work of the A.C.M.O's and next year it is proposed to restrict the assistance given to immunisation at maternity and child welfare centres and to other assistance during the school holidays only.

MISCELLANEOUS.

CONSULTATION SCHEME.

The scheme for referring cases to consultants has continued to work satisfactorily during the year. There is, however, no paediatric specialist available in the County, nor in fact in the S.W. of England this side of Bristol. A few cases have been sent for consultation to the Hospital for Sick Children, Gt. Ormond Street, London. Orthopaedic consultations are not included In this scheme, being provided for under the orthopaedic service.

Cases seen and reported upon by Consultants, other than under Orthopaedic Scheme.

	Primary School Children	Secondary School Children	Total
Ear, Nose and Throat Surgeons	137	8	145
Dermatologist	15	–1	16
General Physicians or Surgeons	24	–4	28
Total ...	176	13	189

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OLD.

Under the Committee's bye-laws, employment of school children during term time is restricted, on school days, to evenings. The early morning paper rounds which are usually so detrimental to the health of young children, are therefore not allowed. Before a child may be employed at all, a medical certificate stating that the proposed employment will not be detrimental to health is required. In many cases, however, employment has been found to have been illegally begun before the child is submitted for medical examination, and in some cases employment has continued for long periods without medical approval before the case has been discovered. There is no excuse for this evasion of the bye-laws, since the Committee approved a scheme for the payment of general medical practitioners for certificates of fitness for employment in cases where it would be inconvenient for a child to attend a school clinic (e.g. in remote rural areas) and cannot wait for the A.C.M.O's next visit to the school. This new scheme has been very little used however.

During the year a total of 282 examinations for employment were carried out, of which 277 were performed by A.C.M.O's and 5 by general practitioners. Altogether, 10 children were certified as unfit for employment on school days.

CHILD WELFARE. EXAMINATION OF PRE-SCHOOL CHILDREN.

Through the great increase during recent years in the number of Maternity and Child Welfare Centres operating in the County, 58 of which were functioning at the end of the year, the scheme under which children under school age may be brought by their parents to schools when there is a medical inspection, for examination and advice, has been less used than formerly, only 15 children having been recorded as seen by the Medical Officers. 4 of these children were found to have one or more defects—one being a case of heart disease, one of enlarged adenoids, one of bronchitis and one of squint. One other case was also suffering from malnutrition. The scheme should be used more than it is, as it is still impossible to cover the whole County with Maternity and Child Welfare Centre Services, although with the larger number of centres, and the much greater use of motor transport to bring parents and children in to centres from outlying hamlets and villages, the position is much more satisfactory than it was three years ago.

The Dental Officers now visit Maternity and Child Welfare Centres regularly to give advice and treatment, a most valuable and educational service.

INDIVIDUAL REPORTS OF ASSISTANT COUNTY MEDICAL OFFICERS.

At the end of the year's work, all Assistant County Medical Officers are expected to contribute a short report, including a report on their work in the School Medical Service, and it has been customary to record extracts from their contributions in my Annual Report.

Nine Assistant County Medical Officers contributed a report for 1944, and from these I have selected the following extracts :—

Dr. T. BROWN (Exmouth U.D. and St. Thomas R.D.).

Otorrhoea (Discharging Ears). Cases discovered in country schools, often situated several miles from a clinic, present a great problem. In most cases the parents cannot afford either the time or the money to accompany their children on daily visits to a centre where expert

treatment can be received. Consequently, treatment is practically non-existent. The District Nurse cannot overcome the difficulty as she has neither the time to spare nor the experience necessary to deal with these cases. It might be possible to teach an intelligent parent at a clinic how to clean and treat such an ear and so limit the subsequent visits to the clinic to (say) once a month.

Scabies. Fresh cases are discovered at most school inspections. In my opinion the school nurse bases her diagnosis on inspection of the sites stressed by the text books, viz : Flexor surfaces of wrists and webs of fingers, whereas, my experience suggests that the trunk shows better evidence of the lesions caused by scratching, and that lesions may be found there when nothing can be demonstrated on the hands or wrists. I have encouraged the school nurse and health visitor to examine the trunk in all cases of suspected scabies. The fact that the same families return with re-infestation time after time, even after each member has received adequate treatment, and that these families can, without exception, be classed as dirty either in their personal habits or in their homes, gives support to the statement that this is a disease of dirt.

Impetigo. This affection accounts for the attendance of the majority of the children at the clinic. In the past, cases were admitted to St. Luke's " Auxiliary Isolation Hospital " and detained for as long as a fortnight. A great variety of remedies have been tried and the treatment that has given the best result is the application of water soluble Gentian Violet ointment and the encasement of the whole limb (except the flexor surface of a joint) in elastoplast. The affected part is left undisturbed for 14 days and a complete cure results. Gross infection of the scalp is now satisfactorily treated with Gentian Violet ointment after the hair has been removed and a quick cure is effected. Instead of an elastoplast covering, a cap made of lint or old linen is provided to protect the bed linen.

Vitamin Deficiency. Two cases that had been attending the clinic for some months with sore mouths were put on tablets of nicotinic acid twice daily for 14 days and made a complete recovery. No other similar cases have presented themselves, but the tablets have been tried empirically in one or two other conditions without any marked improvement.

Orthopaedics. As a result of the attendance of school nurses and health visitors at a course in orthopaedics in Exeter, weekly clinics have been opened in Exmouth and Topsham at which selected children are now taught appropriate exercises.

NOTE.—Dr. Brown's observations on " otorrhoea " (or discharge from the ears due to chronic inflammation of the middle ears) are important and much to the point. The only satisfactory answer to this problem is to admit the children to hospital for intensive *in-patient* conservative treatment. If this fails to cure the disease within a few weeks, a mastoid or other operation is usually the only hope of clearing up the condition. Unfortunately, the demands upon hospital beds under wartime conditions were so great that some of these ear cases could not be admitted to hospital, or were admitted too late for cure to be effected without extensive operation. In a few of these cases parents withheld consent to in-patient hospital treatment.

Dr. EDITH DAVIES (Ashburton, Buckfastleigh, Totnes B. and R., etc.).

From June onwards, there was an influx of evacuee children from London and South-East England on account of flying bombs. These children were mostly in very good physical condition and showed evidence of having been generally well cared for.

School meals have proved very beneficial for the children, especially for those who were

having a " bad deal " in their own homes. Unfortunately for these children, an increase in the father's earnings or army allowances does not act in the children's favour. It often places them beyond the scale for which free meals are available, and the mother decides that the small amount asked of her is too much to pay, although money is spent on inessentials. In general, the school meals appear well balanced and are well served. The teachers have a good deal more work since the introduction of school canteen dinners, and many of them, especially in the small schools, have scarcely any free time from commencement of school until school dismissal.

In many schools there is evidence of deterioration of care in certain families, due to the break-up of family life secondary to war conditions. The mothers have become interested in British or Allied members of the Forces and the children are neglected. None the less, the great majority of children are well cared for and are, indeed, so well clad that one feels the mothers must be most ingenious and must plan their coupons very well, especially, as there is a great deterioration in the quality of footwear and therefore the children's needs are increased.

Dr. ELEANOR DAWE (Newton Abbot U. and R.D., Dawlish, Teignmouth).

I find that some children cannot stand up to the strain of a long day, when just entering school, and feel that the attachment of nursery schools to include children up to the age of 7 would be beneficial.

Dr. A. DICK (Dartmouth, Paignton).

Reports an improvement in cleanliness and a reduction of verminousness among the school children in his area.

Dr. MARJORIE MARTIN (Ilfracombe, Lynton, Barnstaple R.D.).

Of particular interest over the past year are :—

(1) Improvement and good results of the treatment of impetigo with the Sulphonamide group of drugs.

(2) Decrease in the number of children with scabies, in spite of typical cases so often undiagnosed by general practitioners.

(3) Improvement in general health and nutrition due to school meals. The children watched in clinics by regular monthly weighing gain in weight during the term and lose in the holidays.

(4) Improvement in general posture and in flat feet due to classes held in some centres by the health visitors.

Dr. J. H. F. NORBURY (South Molton U. & R.D., Tiverton R. D., Part of Crediton R.D.).

At the girls' secondary schools, the shoes worn were on the whole far too small. There were as a result a number of cases of hallux valgus and corns, and will probably be many more in a few years. The parents are, I think, unaware that the shoes are too small, and have often got the widest ones they could. There seems to be room for a pamphlet for them, giving the rough relations between length and width of foot and makers' sizes.

Dr. FLORENCE M. RHODES (Bideford and Torrington Boroughs and R.Ds.).

Defects caused by past malnutrition are still evident. By this, I mean defects such as chronic nasopharyngeal catarrh, unhealthy tonsils and adenoids, ear trouble and respiratory infections.

I doubt if these will improve unless there are more systematic examinations of the children under 5 years old and nutritional help given. Anaemia has not been so prevalent as one would expect with the small meat ration. Frequently, it is the child who is not having the school meal that is suffering from anaemia and underweight.

Meals. In my opinion meals cooked on the school premises are more palatable and hotter and contain more 1st class protein than those coveyed from a central kitchen. Great care should be taken to see that the food is hot when it is put in to the containers. Nothing is more unappetising than congealed fat. Professor Major Greenwood once said at a lecture on diet that he thought that it was important that the appearance and smell of the food should whet the appetite. As regards the meat supplied to some schools, I think it is of inferior quality at times. This may be due to war conditions.

Orthopaedics. There have been a considerable number of minor postural defects found among the children examined at routine inspections. The severe cases have been referred to the orthopaedic clinic and the others referred for remedial exercises in school or the form of exercises given to the parent so that the child can carry out the exercises at home. Unfortunately, the remedial exercise classes in school have been discontinued during the latter part of the year, owing to the shortage of teachers. It seems to me that the best way to get improvement is by such remedial exercise classes as I do not think the exercises are carried out regularly, if at all, in the homes.

The co-operation of the parents of children with ear defects and the arrangements for specialist examination have been satisfactory.

Dr. AUDREY P. WHITFIELD (Tavistock U. and part of R.D., Plympton).

School Clinics. In the smaller centres such as Buckland Monachorum and Tamerton Foliot, not much use seems to be made by the schools of the arrangement whereby the first half-hour of the M. and C.W. Centre session is reserved as a school clinic. It may be that this facility is not widely enough known. The new clinic at Plympton ought to be very valuable, as the numbers attending were too great to be adequately treated under the old arrangements.

Schools. A remarkably high proportion of the children suffer from flat feet, but the condition responds well to regular exercises, and much can be done when the co-operation of the teacher is secured. There may be a place in the future for small, more specialised clinics to cover these remedial measures.

The dinners supplied in the schools are very good indeed, and this regular well-balanced meal must be having a good effect on the health of the children, who, on the showing of the parents themselves, eat their meals at school with a complete absence of that fuss which is often made at home. Teachers have, in fact, complained of the difficulty of serving a meal of such variety that it arrives in six containers. While it is easy to sympathise with the difficulties of the teachers (about which steps are already being taken), it is noteworthy that a complaint of this kind is in itself a tribute to the excellence of the meal served.

Reconstituted milk is not popular in the schools which I have visited. Perhaps a little propaganda would be helpful.

REPORTS OF THE CLINICAL TUBERCULOSIS OFFICERS AND MEDICAL SUPERINTENDENT OF HAWKMOOR SANATORIUM.

Reports from all three Tuberculosis Officers, Dr. Colin Galbraith, Central and East Devon (Exeter Dispensary) Area, Dr. A. J. MacMillan, North Devon (Barnstaple Dispensary) Area,

and Dr. Wyndham Lloyd, South-West Devon (Torquay Dispensary) Area, have been received on their examinations of school children referred for consultation. Certain extracts from the report submitted by Dr. Lloyd are of special interest and are therefore reproduced verbatim :—

" During 1944, 234 children in all were examined for the first time, many others having been seen in addition during routine " follow-up." Of the 234 new patients, 8 were found to have tuberculosis of the lungs, of these 4 had treatment at Hawkmoor, 2 were kept under observation and the disease found to be inactive, 1 was transferred from another area and has since gone back, and the remaining 1 died of generalised tuberculosis in a hospital. 5 cases of pleurisy with effusion were found and 7 cases of cervical adenitis of tuberculous origin. O these, 2 were treated by their family doctors and 2 sent to Hawkmoor ; 2 required no treatment and are under observation 1 child's parents refused the offered treatment. The results obtained illustrate plainly the grave danger to children living in tuberculous households. Of the 8 cases of pulmonary tuberculosis, 7 were contacts of known pulmonary disease, the only exception was the child transferred from another area. The importance of examining child contacts is, therefore, very evident, and this policy has been followed vigorously. Rather more than half the children examined were ' contacts ' and were seen for this reason alone.

During 1944 the use of the tuberculin patch test was widely employed for the first time in this area. Two hundred children were thus tested, 47 giving positive and 153 negative results, i.e. 23.5% of positives. This, of course, gives no indication whatever of the incidence of primary infection among the whole school population, because the cases were ' selected ' ; all of them having been seen because they had been ill or because they were contacts.

Again the importance of examining child contacts emerges. Of the 47 positive reactors no less than 33 were contacts (70%). A total number of 103 contacts was tested ; so that this gives 32% for positive reactors among contacts, whereas of the 97 non-contacts—seen for other reasons—only 14 reacted positively, i.e. 14.4%. Admittedly the total number of children involved is small, but the results indicate very strongly how much greater is the risk of infection among contacts than among other *sick* children with suspected tuberculosis. It is to be expected that if data were available to compare the figures for contacts with those for the whole child population, the contrast would be even more striking.

A positive tuberculin reaction, while it does not mean that the child necessarily has active tuberculosis, is a proof that primary infection has taken place. It has, therefore, been the practice to keep the positive reactors under observation so as to be certain that no active disease is overlooked in this way. So far no active disease has developed among the positive reactors except in those cases where it was already present at first examination."

Dr. R. L. Midgeley, Medical Superintendent of Hawkmoor County Sanatorium, also kindly submitted the following report on school children treated in the Sanatorium during the year :—

" There were 5 children of school age in the Sanatorium on the 1st January, 1944, 24 were admitted during 1944, and 8 remained in the Sanatorium on the 31st December, 1944. These children were grouped clinically as follows :—

4 pulmonary. (T.B. + 3)
1 ,, . (T.B. + 2)
1 ,, , (T.B. + 1)
13 ,, . (T.B. negative)
6 Tuberculous cervical glands.
4 observation cases.

The striking feature of these cases is the high proportion of T.B. positive pulmonary cases, and the fact that more than half of them are advanced cases with a hopeless prognosis. The two slighter positive cases are both having artificial pneumothorax treatment, and doing well, the T.B. + 2 patient being a bilateral pneumothorax case. In three of these cases there is a definite history of contact with an open case of pulmonary tuberculosis ; in the other three it has not been possible to establish any source of infection.

Of the 13 T.B. negative pulmonary cases, 12 had pulmonary lesions and 1 was a pleurisy with effusion. In 9 of these children it was possible to establish a definite history of contact with an open case of pulmonary tuberculosis.

Thus in 19 cases it has been possible to establish a history of contact in no less than 12 cases.

On the whole, these T.B. negative cases have been rather severe, and the prognosis in about half of them is not at all good. The two youngest of these cases, both of whom were contacts, had non-pulmonary lesions as well.

Of the 6 cases of cervical glands, all had operations for removal of the glands and sinuses, and all have done well.

The 4 observation cases were diagnosed as follows :—

1. Asthma.
2. Cirrhosis of the liver with ascites.
3. General debility with severe dental sepsis.
4. Chronic dyspepsia.

The asthmatic child was much incapacitated and her schooling had suffered thereby, but with the calm and regular routine of the Sanatorium, and a course of breathing exercises, the asthma rapidly subsided. Before discharge, the situation was explained to the mother, and I am informed that in six months there has been no sign of a relapse.

In the second case, confirmation of the clinical diagnosis was obtained by peritoneoscopy, after air replacement of the ascites.

The third case showed remarkable improvement after adequate dental treatment.

As regards the boy with chronic dyspepsia, he came from a poor home, and reacted very well to the regular routine and adequate diet of the Sanatorium.

From the foregoing it will be seen that the pulmonary cases have been more severe than usual, and illustrate the grave risk which children run in living in contact with sputum positive cases." This comment from my report last year is even more applicable this year, which has been the worst one for children since these reports have been produced. Such a state of affairs emphasizes the urgency of intensive seeking out of infectious persons and their proper segregation.

No child died in the Sanatorium. The average length of stay was 14 weeks.

The number fit for school or work on discharge was 13 and 8 were unfit. The number remaining in the Sanatorium at the end of the year was 8."

Dr. Midgeley's observations are, indeed, very disturbing, and two points emerge for special emphasis. First, there is a very great need for residential nursery or hostel accommodation for children of families in which there is a case of open tuberculosis. Without this provision the children are exposed to close contact with the case while the latter is waiting for admission, often a long time. Moreover, if the case happens to be the housewife the position is even more desperate, since when a vacancy does eventually arise for her admission to the Sanatorium, she may be unable to accept it as there is no one to look after the children. While arrangements

can usually be made for older children to be looked after by relations or neighbours, this is often impossible for younger ones.

Secondly, the long waiting list for admission of the cases to the Sanatorium is itself most impracticable, as in the absence of nursery or hostel accommodation, the period of exposure to infection for the children is unnecessarily prolonged; but the position is as bad or worse all over the country, and should in fact be considerably alleviated towards the end of next year when the 60 additional beds to be provided at Hawkmoor Sanatorium begin to exert their effect on the waiting list.

STATISTICAL TABLES.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

(A) PERIODICAL ("ROUTINE") MEDICAL INSPECTIONS.

Primary Schools—

Entrants	5220
Intermediate Group	3402
Third Age Group	3189
Total	11811

Secondary Schools—

	Male	*Female*	*Both Sexes*
Entrants	414	326	740
12 years old Group ...	445	296	741
15 years old Group ...	348	261	609
Leavers over 15	47	51	98
Total ...	1254	934	2188

Primary and Secondary Schools—

Grand Total. Both Sexes	13999

(B) OTHER (NON-PERIODICAL) INSPECTIONS.

Special Inspections—

Primary Schools	16161
Secondary Schools	641
Total ...	16802

Re-inspections (Follow Up)—

Primary Schools	23197
Secondary Schools	909
Total ...	24106

NOTE.—These figures include "inspections" at School Clinics as well as those carried out at school.

(C) CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Periodical ("Routine") Medical Examination to require medical treatment for any condition except malnutrition (see separate Table II.B), dental disorder, verminousness or dirtiness.

Primary Schools—

	No.	% of those inspected
Entrant Group	515	9.8
Intermediate Group	330	9.7
Third Age Group*	280	8.7
Total ...	1125	9.5

Secondary Schools—

	M.	F.	B.S.	M.	F.	B.S.
Entrant Group			88			11.8
12 year old Group*... ...			60			8.09
15 year old Group			42			6.8
Leavers over 15			6			6.1
Total ...			196			8.9

Primary and Secondary Schools Total ... 1321 9.4

(Separate figures for the sexes not available for 1944)

(D) SCHOOL NURSES VISITS AND INSPECTIONS.

No. of visits to Schools (Primary or Secondary) for any purpose during the year 7514

No. of visits to Homes of School Children for any purpose during the year 10477

*These two groups are comparable, consisting of children of roughly similar age.

TABLE II. A. (PERIODICAL).

No. AND INCIDENCE OF DEFECTS FOUND AT PERIODICAL INSPECTIONS. (Unselected, except for Age Groups).

Defect or Disease.	Requiring Medical Treatment.					
	Number			Incidence per 1,000 examined.		
	Prim.	Sec.	Total	Prim.	Sec.	Total
Defective Intelligence or Mental Condition ...	15	—	15	1.2	—	1.07
Psychological Condition	—	—	—	—	—	—
Speech	11	3	14	.9	1.3	1.0
Cleanliness (defective, excluding Verminousness)	3	—	3	.2	—	.2
Pediculosis	3	—	3	.2	—	.2
Skin Diseases, Contagious—Ringworm Scalp ...						
,, Body ...	41	4	4.5	3.4	1.8	3.2
Scabies						
Impetigo						
Other	19	4	23	1.6	1.8	1.6
Teeth—Uncleanliness	1	—	1	.08	—	.07
Caries	47	2	49	3.9	.9	3.5
Gums—Gingivitis	1	—	1	.08	—	.07
EYE — External Eye Disease	18	1	19	1.5	.4	1.3
EYE — Squint	57	5	62	4.8	2.2	4.4
EYE — Def. Visual Acuity, Distance ...	219	92	311	18.5	42.0	22.2
EYE — Close	23	3	26	1.9	1.3	1.8
EYE — Colour Vision	—	—	—	—	—	—
EYE — Other Eye Defect	15	7	22	1.2	3.1	1.5
E.N.T. — Defective Hearing	21	3	24	1.7	1.3	1.7
E.N.T. — Otitis Media	17	3	20	1.4	1.3	1.4
E.N.T. — Other Ear Disease	9	—	9	.7	—	.6
E.N.T. — Nose Defects	4	1	5	.3	.4	.3
E.N.T. — Enlarged Adenoids	100	8	108	8.4	3.6	7.7
E.N.T. — Chronic Tonsillitis	259	17	276	21.9	7.7	19.7
E.N.T. — Enl. Adenoids and Chronic Tonsillitis	111	4	115	9.39	1.8	8.2
E.N.T. — Other N. or T. Defect	13	3	16	.1	1.3	1.1
Enlarged Cervical Glands (Non-Tub.) ...	8	2	10	.6	.9	.7
Blood (Anaemia, etc.)	2	1	3	.1	.1	.2
Heart—Organic Defects	9	3	12	.7	1.3	.8
Functional Defects	—	—	—	—	—	—
Rheumatism or Chorea	1	—	1	.08	—	.07
Lungs—Bronchitis	9	2	11	.7	.9	.7
Other Non-Tuberculous Defects ...	6	1	7	.5	.4	.5
Tuberculosis (all forms)	6	—	6	.5	—	.4
Nervous System, Defects of	3	—	3	.2	—	.2
Alimentary—Appetite, Poor	—	—	—	—	—	—
Digestion ,, ...	—	—	—	—	—	—
Constipation	—	—	—	—	—	—
Abdominal Organs, Defects of	3	—	3	.2	—	.2
Sex Organs—Testes, Catamenia, etc. ...	3	—	3	.2	—	.2
Skeletal Defects—Past Malnutrition	5	1	6	.4	.4	.4
Other Cause	22	4	26	1.8	1.8	1.8
Malposture (Standing)	56	13	69	4.0	5.0	4.9
Other Deformities	135	31	166	11.4	14.1	11.8
Other Disease or Defect	49	10	59	4.1	4.5	4.2

TABLE II A (PERIODICAL)—continued.

Defect or Disease	Requiring to be kept under "observation," but not requiring specific medical treatment					
	Number			Incidence per 1,000 examined.		
	Prim.	Sec.	Total	Prim.	Sec.	Total
Defective Intelligence or Mental Condition ...	44	—	44	3.7	—	3.1
Psychological Condition	4	—	4	.3	—	.2
Speech	45	6	51	3.8	2.7	3.6
Uncleanliness(defectiv,eexcluding Verminousness)	40	—	40	3.3	—	7.8
Pediculosis	3	—	3	.2	—	.2
Skin Diseases, Contagious—Ringworm Scalp ...						
,, Body ...	38	—	38	3.2	—	2.7
Scabies						
Impetigo						
Other	169	17	186	14.3	7.7	13.2
Teeth—Uncleanliness	17	1	18	1.4	.4	1.2
Caries	319	16	332	26.7	7.3	23.7
Gums—Gingivitis	1	3	4	.08	1.3	.2
EYE — External Eye Disease	77	9	86	6.5	4.1	6.1
EYE — Squint	124	9	133	10.4	4.1	9.4
EYE — Def. Visual Acuity, Distance ...	189	20	209	16.0	9.1	14.9
EYE — Close	6	1	7	.5	.4	.5
EYE — Defective Colour Vision	—	—	—	—	—	—
EYE — Other Eye Defect	34	9	43	2.8	4.1	3.0
E.N.T. — Defective Hearing	75	7	82	6.3	3.1	5.8
E.N.T. — Otitis Media	92	3	95	7.7	1.3	6.7
E.N.T. — Other Ear Disease	43	3	46	3.6	1.3	3.2
E.N.T. — Nose Defects	41	4	45	3.4	1.8	3.2
E.N.T. — Enlarged Adenoids	336	50	386	28.4	22.8	27.5
E.N.T. — Chronic Tonsillitis	1236	121	1357	104.6	55.3	97.9
E.N.T. — Enl. Adenoids and Chronic Tonsillitis	252	15	267	21.3	6.8	19.07
E.N.T. — Other N. or T. Defect	84	22	106	7.1	10.05	7.5
Enlarged Cervical Glands (Non-Tub.) ...	623	60	683	52.7	27.4	48.7
Blood (Anaemia, etc.)	175	30	205	14.8	13.7	14.6
Heart—Organic Defects	105	12	117	8.8	5.4	8.3
Functional Defects	125	17	142	10.5	7.7	10.1
Rheumatism or Chorea	29	6	35	2.4	2.7	2.4
Lungs—Bronchitis	161	12	173	13.6	5.4	12.3
Other Non-Tuberculous Defects ...	96	14	110	8.1	6.3	7.8
Tuberculosis (all forms)	26	3	29	2.2	1.3	2.0
Nervous System, Defects of	35	5	40	2.9	2.2	2.8
Alimentary—Appetite, Poor	5	—	5	.4	—	.3
Digestion, Poor	7	—	7	.5	—	.5
Constipation	13	3	16	1.1	1.3	1.1
Abdominal Organs, Defects of	20	—	20	1.6	—	1.4
Sex Organs—Testes, Catamenia, etc. ...	88	17	105	7.4	7.7	7.4
Skeletal Defects—Past Malnutrition	53	6	59	4.4	2.7	4.2
Other Cause	120	19	139	10.1	8.6	9.9
Malposture (Standing)	161	21	182	13.6	9.5	12.9
Other Deformities	544	146	690	46.06	66.7	49.2
Other Disease or Defect	376	50	426	31.8	22.8	30.4

TABLE II. A. (SPECIAL).
AT SPECIAL INSPECTIONS (Selected Cases).

Defect or Disease	Requiring Medical Treatment.					
	Number			Incidence per 1,000 examined.		
	Prim.	Sec.	Total	Prim.	Sec.	Total
Defective Intelligence or Mental Condition ...	8	—	8	.4	—	.47
Psychological Condition	1	—	1	.06	—	.05
Speech	5	1	6	.3	1.5	.3
Uncleanliness (defective, excluding Verminousness)	1	—	1	.06	—	.05
Pediculosis	—	—	—	—	—	—
Skin Diseases, Contagious—Ringworm Scalp ...						
,, Body ...	1596	2	1598	98.7	3.1	95.1
Scabies						
Impetigo						
Other	652	9	661	40.3	14.04	39.3
Teeth—Uncleanliness	1	—	1	.06	—	.05
Caries	12	4	16	.7	6.2	.9
Gums—Gingivitis	—	1	1	—	1.5	.05
EYE — External Eye Disease ...	5	4	9	.3	6.2	.5
EYE — Squint	18	—	18	1.1	—	1.07
EYE — Def. Visual Acuity, Distance ...	70	6	76	4.3	9.3	4.5
Close	4	—	4	.2	—	.2
EYE — Defective Colour Vision	—	—	—	—	—	—
EYE — Other Eye Defect	375	6	381	23.2	9.3	22.6
E.N.T. — Defective Hearing	8	1	9	.4	1.5	.5
E.N.T. — Otitis Media	5	1	6	.3	1.5	.3
E.N.T. — Other Ear Disease	456	1	457	28.2	1.5	27.1
E.N.T. — Nose Defects	1	—	1	.06	—	.05
E.N.T. — Enlarged Adenoids	38	—	38	2.3	—	2.2
E.N.T. — Chronic Tonsillitis	63	8	71	3.8	12.4	4.2
E.N.T. — Enl. Adenoids and Chronic Tonsillitis	31	1	32	1.9	1.5	1.9
E.N.T. — Other N. or T. Defect	4	2	6	.2	3.1	.3
Enlarged Cervical Glands (Non-Tub.) ...	4	1	5	.2	1.5	.2
Blood (Anaemia, etc.)	1	—	1	.06	—	.05
Heart—Organic Defects	3	—	3	.1	—	.1
Functional Defects	—	—	—	—	—	—
Rheumatism or Chorea	—	—	—	—	—	—
Lungs—Bronchitis	1	1	2	.06	1.5	.1
Other Non-Tuberculous Defects ...	3	—	3	.1	—	.1
Tuberculosis (all forms)	6	1	7	.3	1.5	.4
Nervous System, Defects of	—	—	—	—	—	—
Alimentary—Appetite, Poor	—	—	—	—	—	—
Digestion, Poor	—	—	—	—	—	—
Constipation	—	—	—	—	—	—
Abdominal Organs, Defects of	—	—	—	—	—	—
Sex Organs—Testes, Catamenia, etc. ...	—	—	—	—	—	—
Skeletal Defects—Past Malnutrition	—	—	—	—	—	—
Other Cause	2	—	2	.1	—	.1
Malposture (Standing)	21	7	28	1.2	10.9	1.6
Other Deformities	58	10	68	3.5	15.6	4.04
Other Disease or Defect	8040	13	8053	497.4	20.2	479.3
Malnutrition (Category C. or D.)	195	35	230	12.06	3.9	13.6

TABLE II A (Special)—continued.

Defect or Disease	Requiring to be kept under "observation," but not requiring specific medical treatment.					
	Number			Incidence per 1,000 examined		
	Prim.	Sec.	Total	Prim.	Sec.	Total
Defective Intelligence or Mental Condition ...	12	—	12	.7	—	.7
Psychological Condition	2	—	2	.1	—	.1
Speech	5	2	7	.3	3.1	.4
Uncleanliness (excluding Verminousness) ...	3	—	3	.1	—	.17
Pediculosis	—	—	—	—	—	—
Skin Diseases, Contagious—Ringworm Scalp ...						
,, Body ...	9	1	10	.5	1.5	.5
Scabies						
Impetigo						
Other	43	3	46	2.6	4.6	2.7
Teeth—Uncleanliness	1	2	3	.06	3.1	.1
Caries	33	5	38	2.04	7.8	2.2
Gums—Gingivitis	1	3	4	.06	4.6	.2
EYE—External Eye Disease	12	1	13	.7	1.5	.7
EYE—Squint	17	1	18	1.05	1.5	1.07
EYE—Def. Visual Acuity, Distance ...	32	3	35	1.9	4.6	2.08
EYE—Close	1	1	2	.06	1.5	.1
EYE—Defective Colour Vision	—	—	—	—	—	—
Other Eye Defect	14	3	17	.8	4.6	1.01
Defective Hearing	17	1	18	1.05	31.5	1.07
E.N.T.—Otitis Media	13	2	15	.8	3.1	.8
E.N.T.—Other Ear Disease	21	3	24	1.2	4.6	1.4
E.N.T.—Nose Defects	4	—	4	.2	—	.2
E.N.T.—Enlarged Adenoids	29	3	32	1.7	4.6	1.9
E.N.T.—Chronic Tonsillitis	127	17	144	7.8	26.5	8.5
E.N.T.—Enl. Adenoids and Chronic Tonsillitis	46	3	49	2.8	4.6	2.9
E.N.T.—Other N. or T. Defect	17	7	24	1.05	10.9	1.4
Enlarged Cervical Glands (Non-Tub.) ...	62	15	77	3.8	23.4	4.5
Blood (Anaemia, etc.)	12	2	14	.7	3.1	.8
Heart—Organic Defects	26	3	29	1.6	4.6	1.7
Functional Defects	19	8	27	1.1	12.4	1.6
Rheumatism or Chorea	5	3	8	.3	4.6	.4
Lungs—Bronchitis	20	2	22	1.2	3.1	1.3
Other Non-Tuberculous Defects ...	22	3	25	1.3	4.6	1.4
Tuberculosis (all forms)	1	1	2	.06	1.5	.1
Nervous System, Defects of	3	1	4	.1	1.5	.2
Alimentary—Appetite, Poor	3	—	3	.1	—	.1
Digestion, Poor	1	—	1	.06	—	.05
Constipation	2	—	2	.1	—	.1
Abdominal Organs, Defects of	7	—	7	.4	—	.4
Sex Organs—Testes, Catamenia, etc. ...	11	1	12	.6	1.5	.7
Skeletal Defects—Past Malnutrition	2	—	2	.1	—	.1
Other Cause	12	5	17	.7	7.8	1.01
Malposture (Standing)	25	3	28	1.5	4.6	1.6
Other Deformities	93	30	123	5.7	46.8	7.3
Other Disease or Defect	219	13	232	13.5	20.2	13.8
Malnutrition (Category C. or D.)	20	7	27	1.2	10.9	1.6

TABLE II (B).

Classification of the Clinical Assessment of the Nutritional Condition of Children examined at the Periodical (Age Group) Inspections during the year.

Age Group.	No. Inspected.	A (" excellent ")		B (" normal ")		C (slightly Subnormal		D (Bad)		Total Malnourished (C. & D.	
		No.	%	No.	%	No.	%	No.	%	No.	%
PRIMARY SCHOOLS.											
Entrants	5220	880	16.8	3604	69.04	723	13.8	13	.2	736	14.9
Intermediate Group ...	3402	512	15.04	2411	70.8	471	13.8	8	.2	479	14.07
Third Age Group ...	3189	601	18.8	2212	69.3	367	11.5	9	.2	376	11.7
Total ...	11811	1993	16.8	8227	69.6	1561	13.2	30	.2	1591	13.4
SECONDARY SCHOOLS.											
Entrants	740	111	15.0	496	67.02	132	17.8	1	.1	133	17.9
12 year old Group ...	741	136	18.3	519	70.04	86	11.6	—	—	86	11.6
15 year old Group ...	609	173	28.4	401	65.8	35	5.7	—	—	35	5.7
Leavers over 15 ...	98	27	27.5	71	72.4	—	—	—	—	—	—
Total ...	2188	447	20.4	1487	67.9	253	11.5	1	.04	256	11.6
PRIMARY & SECONDARY SCHOOLS.											
Grand Total	13999	2440	17.4	9714	69.3	1814	12.9	31	.2	1845	13.1

TABLE II (C).

VERMINOUS AND DIRTY CONDITIONS.

	Primary	Second'y	Total
(1) Average number of visits per School made during the year by each School Nurse or Nursing Assistant	6.2	—	6.2
(2) Total number of Examinations of Children in Schools by the School Nurses or Nursing Assistants	91947	—	91947
(3) Number of Individual Children found infested	266	—	266
(4) "Infestation Index"—% $\frac{\text{No. of Individual Children found infested}}{\text{Estimated Average Attendance}} \times 100$	10.7%	—	10.7
(5) Number of Individual Children Disinfested under Sec. 87(2) and (3) of Educ. Act, 1921 Rout. Surveys	316	—	316
(5) Number of Individual Children Disinfested under Sec. 87(2) and (3) of Educ. Act, 1921 Casual Cases			
(5) Number of Individual Children Disinfested under Sec. 87(2) and (3) of Educ. Act, 1921 Total ...	582	—	582
(6) Number of Cases in which Legal Proceedings were taken—			
(a) Under Education Act, 1921	Nil	—	Nil
(b) Under School Attendance Bye-Laws	28	—	28

TABLE III.

HANDICAPPED ("EXCEPTIONAL") CHILDREN.

(A) MENTALLY DEFECTIVE CHILDREN.

"FEEBLE MINDED" CHILDREN.

	At Certified Schools for Mentally Defective Child	At Public Elementary Schools	At other Institutions	At no School or Institutions	Total
Prim. School age ...	38	56	1	11	106
Sec. School age	—	—	—	—	—
Total ...	38	56	1	11	106

Mentally Deficiency (Notification of Children) Regulations, 1928.

Statement of Children Notified during the year by the Education Authority to the Mental Deficiency Authority (see text of Report).

(B) PHYSICALLY DEFECTIVE CHILDREN.

In these tables only those children are entered who, by reason of their physical defect are incapable of deriving proper benefit from the instruction in an ordinary Elementary School.

1. (a) BLIND and (b) PARTIALLY SIGHTED CHILDREN.

	Total	At Special Schools.	At Ordinary Schoo s.	At Institutions other than Special Schools.	At no School or Institution.	Total not receiving suitable Education.
(a) Blind Children.						
Prim. School age ...	14	11	1	—	2	3
Sec. School age ...	8	8	—	—	—	—
Total ...	22	19	1	—	2	3
(b) Part. Sighted Children.						
Prim. School age ...	20	19	—	1	—	1
Sec. School age ...	—	—	—	—	—	—
Total ...	20	19	—	1	—	1

2. (a) DEAF and (b) PARTIALLY DEAF CHILDREN.

	Total	At Special Schools.	At Ordinary Schools.	At Institutions other than Special Schools.	At no School or Institution. .	Total not receiving suitable Education
(a) Prim. School age ...	17	14	2	—	1	3
Sec. School age ...	—	—	—	—	—	—
Total ...	17	14	2	—	1	3
(b) Prim. School age ...	24	5	16	—	3	19
Sec. School age ...	—	—	—	—	—	—
Total ...	24	5	16	—	3	19

3. EPILEPTIC CHILDREN who are "Epileptic" within the meaning of the Education Act, 1921, namely, those children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Elementary schools, etc.

	Total	At Special Schools.	At Ordinary Schools.	At Institutions other than Special Schools.	At no School or Institution.	Total not receiving suitable Education.
Prim. School age ...	10	1	4	2	3	9
Sec. School age	—	—	—	—	—	—
Total ...	10	1	4	2	3	9

4. CRIPPLED CHILDREN. Under this heading only those crippled who are unsuitable for Education in ordinary schools are considered Elem. School age.

	Total	At Special Schools.	At Ordinary Schools.	At Institutions other than Special Schools.	At no School or Institution.	Total not receiving suitable Education.
Prim. School age	63	28	27	—	8	35
Sec. School age	—	—	—	—	—	—
Total ...	63	28	27	—	8	35

(5) RHEUMATIC CHILDREN (without Heart Complications).

(B) HEART CASES.

	Total	At Special Schools.	At Ordinary Schools.	At Institutions other than Special Schools.	At no School or Institution.	Total not receiving suitable Education.
(a) Prim. School age ...	4	—	4	—	—	4
Sec. School age ...	—	—	—	—	—	—
Total ...	4	—	4	—	—	4
(b) Prim. School age ...	27	2	18	—	7	25
Sec. School age ...	—	—	—	—	—	—
Total ...	27	2	18	—	7	25

6. TUBERCULOUS CHILDREN. This table includes children suffering from any form of Tuberculosis requiring treatment at Sanatorium, Orthopaedic Hospital, Dispensary or elsewhere. (Children suffering from crippling, due to "Tuberculosis which is no longer in need of treatment" are, however, included among "Crippled Children" above if unsuitable for education in an ordinary school, while all other cases of Tuberculosis regarded as "no longer in need of treatment," but which are considered unsuitable for education in an ordinary school are recorded among "Delicate Children")

(a) Children suffering from Pulmonary Tuberculosis (including Tuberculosis of Pleura and Intra-Thoracic Glands).

(b) Children suffering from Non-Pulmonary Tuberculosis.

	Total	At Special Schools.	At Ordinary Schools.	At Institutions other than Special Schools.	At no School or Institution.	Total not receiving suitable Education.
(a) Prim. School age ...	5	—	—	5	—	5
Sec. School age ...	—	—	—	—	—	—
Total ...	5	—	—	5	—	5
(b) Prim. School age ...	40	27	13	—	—	23
Sec. School age ...	—	—	—	—	—	—
Total ...	40	27	13	—	—	23

7. DELICATE CHILDREN. Physically Defective Children, other than those included in Groups 1—6, whose general health renders it desirable that they should be specially selected for education in a Day or Residential Open-Air School, and who are considered to be temporarily or permanently incapable by reason of Physical Defect of deriving benefit from instruction in an Ordinary Elementary School.

	Total	At Special Schools.	At Ordinary Schools.	At Institutions other than Special Schools.	At no School or Institution.	Total not receiving suitable Education.
Prim. School age ...	50	8	34	—	8	42
Sec. School age	—	—	—	—	—	—
Total ...	50	8	34	—	8	42

8. MULTIPLE DEFECTS. 11 children were reported during the year to be suffering from Multiple Defects. Except in the case of ' delicate ' children, a child with two or more defects, each of which renders the child mentally or physically defective, is recorded as ' Multiple ' and not included in the figures under each specific heading. The fact, however, that a child is classified as ' delicate ' as well as otherwise ' exceptional ' under one other heading only, is not, according to the classification of the Ministry of Education, considered sufficient to place the child in the ' Multiple ' group.

TABLE IV. (TREATMENT).

GROUP I. MINOR AILMENTS (excluding Verminousness and Dirtiness).

	Number of Defects treated or under treatment during the year.								
	Under the Authority's Scheme.			Otherwise			Total.		
SKIN.	Prim.	Sec.	Total	Prim.	Sec.	Total	Prim.	Sec.	Total
Ringworm—Scalp.									
(1) Radiological Treatment ...	†26	—	†26	1	—	1	†27	—	†27
(2) Other Treatment	9	—	9	9	—	9	18	—	18
Ringworm—Glabrous Skin	140	—	140	46	—	46	186	—	186
Scabies	781	—	781	178	—	178	959	—	959
Impetigo	2230	—	2230	164	—	164	2394	—	2394
Other Skin Diseases	1148	‡6	1154	76	—	76	1224	‡6	1230
MINOR EYE DEFECTS (including External Eye Conditions but excluding cases falling in Group 2) ...	655	2	657	24	—	24	679	2	681
D. Vis. ...	451	—	451	6	—	6	475	—	457
Squint ...	64	—	64	4	—	4	68	—	68
EAR. DEFECTS	564	—	564	23	—	23	587	—	587
MISCELLANEOUS—(Minor Injuries, Sores, Sore Throats, etc.) ...	17081 *	4	17085 *	177	—	177	17258 *	4	17262 *
Total ...	23149	12	23166	708	—	708	23857	12	23869

This Table refers to the number of Defects, not the number of Children treated. One child may be treated several times for the same defect, or for different defects. These figures for defects include those treated at, or through those School Clinics conducted by a Health Visitor only.

The following short Table gives additional information with regard to work mostly done at Auxiliary School Clinics conducted by a School Nurse without a Medical Officer, ~~and in this case the numbers refer to Attendances and not to Cases Treated.~~ These numbers are distinct from those in the main table above.

Number of Attendances at School Nurses' Clinics			Number of Cases Treated.		
Prim.	Sec.	Total	Prim.	Sec.	Total
14506	—	14506	14213	—	14213

†Plus 6 L.C.C. cases from Special School at Hall, Bishops Tawton.
‡Including one 'contagious' (not differentiated).
*Two hundred and forty defects other than minor ailments were also treated at School Clinics.

GROUP 2. SQUINT AND DEFECTIVE VISION (excluding Minor Eye Defects included in Group 1).

	Number of Defects dealt with during the year								
	Under the Authority's Scheme.			Otherwise.			Total.		
	Prim.	Sec.	Total	Prim.	Sec.	Total	Prim.	Sec.	Total
Errors of Refraction and Squint other than operative treatment	9535	1191	10726	139	79	218	9674	1270	10944
Other Defect or Disease of the Eyes	237	22	259	7	2	9	244	24	268
Total ...	9772	1213	10985	146	81	227	9918	1294	11212
SPECTACLES—									
No. of children for whom spectacles were (a) Prescribed	1720	240	1960	24	14	38	1744	254	1998
(b) Obtained	1481	240	1721	10	4	14	1491	244	1735

GROUP 3. DEFECTS OF NOSE AND THROAT.

(A) ADENOIDS AND TONSILS.

Under Authority's Scheme in Clinic or Hospital.			Received Operative Treatment. By Private Practitioner or Hospital apart from Authority's Scheme			Total		
Prim.	Sec.	Total	Prim.	Sec.	Total	Prim.	Sec.	Total
830	2	832	7	4	11	837	6	843

In addition to the above, 137 cases received consultations under the Committee's Scheme for treating Adenoids and tonsils.

(B) EXTENDED SCHEME FOR THE PREVENTION OF DEAFNESS.

	Prim.	Sec.	Total
1. Conservative Treatment—In-Patient*	3	—	3
,, ,, Out-Patient	—	—	—
Total ...	3	—	3
2. Operative Treatment—			
Mastoid Operations*	10	—	10
Minor Ear Operations	1	—	1
Major Operations on a Nasal Sinus	1	—	1
Minor Operations on Nose or Nasal Sinuses ...	—	—	—
Total Operations ...	12	—	12

*One child appears under two headings.

GROUP 4. ORTHOPAEDIC AND POSTURAL DEFECTS.

	Residential Treatment with Education			Residential Treatment without Education.			Non-Residential Treatment at an Orthopaedic Clinic.		
	Prim.	Sec.	Total	Prim.	Sec.	Total	Prim.	Sec.	Total
Number of children treated under the Authority's Scheme ...	167	8	175	—	—	—	960	124	1084
Number of children treated otherwise	—	—	—	—	—	—	—	1	1
Total number of children treated ...	167	8	175	—	—	—	960	125	1085

Total number of children treated (Residential and Non-Residential). Note.—Nearly all children received both Residential and Non-Residential treatment, hence the total is less than the sum of the three Groups ...	Prim.	Sec.	Total
	1020	125	1145

ATTENDANCES AT ORTHOPAEDIC CLINICS DURING THE YEAR.

	Prim.	Sec.	Total
Non-Tuberculous School Children	3581	378	3959
Tuberculous	166	1	167
Total School Children ...	3747	379	4126

In addition to the above, the following number of School Children and Trainees were treated in the Institutions shown :—

	Prim.	Sec.	Total
Trainees—St. Loyes Training & Rehabilitation Centre, Exeter ...	10	2	12
The Heritage Crafts' Schools, Chailey	4	—	4
Queen Elizabeth's Training College, Leatherhead ...	—	1	1

THE SCHOOL DENTAL SERVICE.

REPORT BY MR. J. FLETCHER, SENIOR DENTAL OFFICER

(Appointed 1st Oct., 1944).

The Year 1944 was marked by the retirement of Mr. James M. Raymont, after 30 years service with the County. Mr. Raymont was the first Dental Officer appointed and had witnessed the growth of the Dental Scheme from one Dental Officer to the fifteen employed during the year under review. Mr. Raymont was appointed Senior Dental Officer on 1st April, 1941, but throughout his many years of service it was he who had advised and guided the expansion and development of the scheme. By his resignation the County has lost an extremely valuable officer, and one who, in spite of his 65 years, had lost little of his energy and enthusiasm and pioneering spirit, which is usually associated with those of younger years.

During the year under review, 44,390 elementary school children were inspected, and of these, 56% or 25,458 were found to require treatment. 20,315 children were actually treated, giving a highly satisfactory acceptance rate of 80%. Dental Officers are completing the circuit of their areas in approximately 9 months, and as a portion of the figures given above represents children who were examined and were necessary, offered treatment a second time during the year. The numbers thus involved are : Inspected for a second time during the year, 6,314 ; found to require treatment, 3,005 , and actually treated, 2,332. The full details of inspection and treatment carried out are given in the tables attached to this report. To give, however, a more ready picture of the treatment undertaken and what it involves in the case of each child, details of treatment per 100 children are given below.

TREATMENT PER 100 CHILDREN.

FILLINGS	Permanent Teeth	52	EXTRACTIONS	Permanent Teeth	13
	Temporary Teeth	8		Temporary Teeth	82

OTHER OPERATIONS 42

These figures show a very remarkable decline on what was necessary in the days before the war brought about such great changes in the National dietary. It will be interesting to note what changes occur in the teeth when once again some degree of free choice of foodstuffs is available.

In making an appreciation of the efficiency of a dental scheme, it is as well that the object of the scheme should be borne in mind. The Chief Medical Officer to the Board of Education, as it was then styled, has described this object in these words : " The aim of the School Dental Scheme should be to secure that as many children as possible shall leave school without the loss of permanent teeth, free from dental disease and trained in the care of the teeth," and again : " The treatment should be conservative in character and accordingly the bulk of the treatment of the permanent teeth will be by filling rather than by extraction."

Regarding the means of attaining this end, the report of the Interdepartment Committee on Dentistry recently set up the Ministry of Health and Department of Health for Scotland included the following statement : " One of those means will be regular inspection and the treatment of any incipient defects, the treatment to include all that a constantly evolving science of dentistry finds efficacious and to be applied with all the skill that training can bestow."

The forces available to attain the object set out above may be grouped together under two headings, the numerical strength of the staff and the facilities available to them for diagnosis and treatment.

The approved establishment of the Dental Staff is one Senior Dental Officer and 14 County Dental Officers. The resignation and replacement of the Senior Dental Officer has already been referred to. Mr. S. Woods, Totnes area, resigned on 31st October, and Mr. Kingham, Honiton Area, on 30th November. It was not possible immediately to replace these officers, but successors were appointed who commenced their duties in January, 1945. This establishment allots an approximate average of 2,800 elementary school children and 400 secondary school children per dental officer, using the designations in force prior to 1st April, 1945. The staff has been able to complete the circuit of their areas at intervals of approximately 8 to 9 months. Too much stress should not be laid upon the intervals between routine visits of inspection and subsequent treatment as long as the period elapsing does not exceed 12 months. What is important is that the dental staff should be adequate to ensure that they are able, in a given period, to deal conservatively with the amount of fresh dental disease accruing in that same given period, and further that no teeth should become unsaveable owing to length of time between successive inspections. Thus, if the staff are able to treat conservatively in 6 or 9, or in extreme cases, 12 months, the new decay occurring in that period, then the staff may be considered adequate. If periods beyond 12 months elapse, then permanent teeth become unsaveable, and the scheme fails in its object. Examined under this criterion, the present staffing establishment can be considered adequate for its present needs.

In 1944, there were two fixed clinics, situated at Paignton and Newton Abbot. These clinics are equipped with pump chairs, fountain spittoons and electric engines. Facilities for "Gas" extractions are also available. These clinics serve a school population of approximately 4,000 for routine treatment. In addition, children within a radius of up to 10 miles are brought into these clinics from the surrounding districts where extractions under "Gas" are necessary. In the remainder of the County the treatment was carried out by means of portable equipment at temporary clinics established at schools or institutions nearby should suitable accommodation not be available on the school premises. A certain number of orthodontic cases were undertaken for the regulation of misplaced teeth, but this work has been curtailed owing to war-time restriction of travelling.

Although there can be no doubt that much excellent work can be, and is being, carried out with portable equipment, it is desirable that in each dental officer's area there should be at least one well-equipped central clinic, at which the schools in the immediate neighbourhood would receive their routine treatment, where cases requiring extractions under "Gas" could be concentrated and where special cases for emergency treatment and orthodontic appointments could attend. Cases coming under the Maternity and Child Welfare Dental Scheme would also be seen at these clinics.

Following on from these premises, it may here be stated that not only is it necessary that good work should be done, but that it should also appear to an onlooker to be done ; that is to say, that it should be done under conditions sufficiently impressive to convince parents that their children are receiving the best possible treatment. There is no doubt that from this standpoint, well equipped and tastefully decorated fixed clinics are of great propaganda value. Referring back to the portable equipment in use by many of the dentists, this has now been in constant use for many years, and has lost much of its pristine brilliance. As opportunity presents it is suggested that much of this out-of-date equipment be renewed. A number of equipments were also purchased when a large influx of evacuated children came into the County, and it was thought that the appointments would only be of a temporary nature. The equipment provided for these Officers was of a less complete nature than is desirable for permanent appointments. During war-time, there was a great scarcity of dental equipment owing to the needs of the services. It is suggested that when conditions are more normal, these equipments should be brought up to the desired standard.

Facilities exist at the Medical Department, Exeter, for the taking of dental X-ray films for diagnostic purposes. In other parts of the County which are not accessible to Headquarters, local arrangements have been made when X-rays have been requested. A number of cases have been referred for treatment by private dental practitioners when extractions under "gas" have been considered desirable.

As p inted out earlier in the report the acceptance rate of 80% is a high one and speaks well for the popularity of the Dental Scheme and the co-operation of the Head Teachers with the Dental Staff. Dental Officers are unanimous in giving much of the credit for a high acceptance rate to the teachers concerned. In spite of this high acceptance rate, there are still a number of children for whom parents do not appear to make adequate arrangements for dental treatment privately. Lists are being kept of these children with a view to their possible following up by Health Visitors or Dental Attendants.

SECONDARY SCHOOLS.

All Secondary School children come within the County Scheme for dental inspection and treatment in the same way as do Elementary School children. 7,279 were inspected (2,279 for a second time during the year) and of these 56% or 4,088 were found to require treatment.

3,348 or 82% of these were actually treated by the County Dental Staff. Treatment in terms of fillings, extractions, etc., per 100 children are as under :—

TREATMENT PER 100 CHILDREN.

Fillings	In permanent teeth	117	**Extractions**	Permanent teeth	17
	In temporary teeth	—		Temporary teeth	16
			Other Operations	Permanent teeth	6
				Temporary teeth	6

It will thus be seen that rather more than double the number of fillings in permanent teeth are required for Secondary School children than for Elementary School children, and as it is such fillings that take the most time, it will be appreciated that Secondary School children take nearly twice as long to treat as Elementary School children. This is accounted for by the higher average age of the children with the consequent larger number of permanent teeth erupted per child.

EXTRACTS FROM REPORTS OF COUNTY DENTAL OFFICERS.

Commenting on the improvement seen in children's teeth, owing to war-time dietary, **Mr. Barton,** Tavistock area, writes : "I am astonished at such progress and the deplorable conditions of pre-war years seem like an evil dream. It is now the rule, and not the exception, to find almost perfect mouths in very young children," and "If parents will only consent to treatment, I see no reason why any of these small people should ever know the meaning of toothache."

Writing of the toddlers examined in the Residential Nurseries, **Mr. Dredge,** Axminster Area, writes : "The babies in the residential nurseries are almost without exception dentally sound."

Regarding the acceptance rate in some parts of his area, **Mr. Fiddick** (Kingsbridge area) writes : "In some schools, especially in the more rural parts of my area, the acceptance rate is not quite satisfactory. In my experience, this is largely due to (1) fear, (2) ignorance." He then goes on to recommend the increasing use of "Gas" when carrying out extractions to overcome the fear complex and to combat ignorance, he writes of the propaganda work by means of talks and the showing of Dental Board films which he has carried out in the area. Of the co-operation of teachers, **Mr. Fiddick** writes : "I have received, without exception, not only the help but the cordial co-operation of all Head Teachers and Staffs of the Schools I have visited."

Writing of orthodontic treatment, **Mr. R. J. Inder** (Barnstaple area), comparing evacuated children with local children, states : "It seemed that a larger proportion of the children from the eastern counties had broader arches and better formed jaws than the local children." **Mr. D. J. Lewis** (Bideford area) also wrote : "I consider the evacuees have better dentitions than the Devon children."

Mr. Peacock (Plympton area) writes : "A noticeable increase in dentally sound children was found in the younger age group. This may be due to war-time diet with an increased consumption of green vegetables. The fact that the majority of children have school dinners may also have this effect."

Mr. Pringle (Newton Abbot), who joined the staff of the County Council in February, 1944, and was previously in the North of England, writes : "By comparative standards the dental condition of the school children was good."

Regarding the acceptance rate at Senior schools (now known as Modern Secondary schools) **Miss B. J. Shapland** writes : "The highest rate of refusals is found in Senior schools, where children have been drawn from a large number of small schools. This is probably due to their parents disliking their having to travel a long journey home by bus, after treatment." Regarding the teeth at the two residential nurseries in her area, she writes : Both War-time Nurseries in my area were visited in August. At Parford, all the 21 children examined had perfect teeth. At Castle Drogo only 2 out of 32 needed treatment." The uniformly excellent condition of children in nurseries has been commented on by several dental officers.

SCHOOL DENTAL SERVICE—TABLES.

(A) ELEMENTARY SCHOOLS.

Age		5	6	7	8	9	10	11	12	13	14	Total	Sp.	Grand Total
Number of Children Inspected by the Dentist	(a)	3958	4064	4452	4388	4487	4438	3934	3520	3379	1310	37930	127	44390
	(b)	308	543	640	871	794	819	665	701	684	289	6314	19	
Number of Children found to require Treatment	(a)	1757	2302	2704	2829	2858	2712	2279	2068	2017	784	22310	126	25458
	(b)	118	265	328	408	394	422	285	313	331	141	3005	17	
Number of Children actually treated											(a)	17849	115	20315
											(b)	2332	19	

Attendances made by the Children at the Clinic	Half-Days devoted to inspection and Treatment.		Fillings		Extractions		Administrations of General Anaesthetics for Extractions	Other Operations		Remarks
	a.m.	p.m.	Permane't Teeth	Tempor'y Teeth	Permane't Teeth	Tempor'y Teeth		Perm Teeth	Temp Teeth	
24615	2214½	1942	10472	1677	2625	16675	797	4827	3764	963
	4156½									

(a) First Inspection during the year. (b) Subsequent Inspections during the year.

SCHEME FOR EMERGENCY TREATMENT FOR RELIEF OF PAIN (Evacuees only).

No. of Children dealt with during the year ... 70

B. SECONDARY SCHOOLS.

Age		9	10	11	12	13	14	15	16	17	18	Total	Sp.	Grand Total
Number of Children Inspected by the Dentist	*(a)	20	163	7101	002	939	859	664	444	165	29	4995	3	7279
	*(b)	4	64	283	479	491	385	306	183	74	10	2279	2	
Number of Children found to require Treatment	(a)	7	85	424	585	564	509	388	273	101	31	2967	3	4088
	(b)	1	26	149	240	230	177	155	85	50	3	1116	2	
Number of Children actually Treated												(a) 2532	2	3348
												(b) 812	2	

Attendances made by the Children at the Clinic.	Half-Days devoted to Inspection and Treatment.		Fillings.		Extractions.		Administrations of General Anaesthetics for Extractions	Other Operations	
	a.m.	.pm.	Permane't Teeth	Tempora'y Teeth	Permane't Teeth	Tempora y Teeth		Permanent Teeth	Temp. Teeth
4697	484	416	3921	4	573	544	31	2030	

SCHEME FOR EMERGENCY TREATMENT FOR RELIEF OF PAIN (Evacuees only).

No. of Children dealt with during the year ... 8

*(a) First Inspection during the year. (b) Subsequent Inspections during the year.

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